Lackawanna College Allied Health Division Health Immunization Form

RN Nursing Student’s Name ____________________________

Please attach a copy of immunization records and/or current titers to this document.

1. **M.M.R. (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMR’s in a lifetime or a positive titer for each of these diseases.**
   - 1 MMR Date: __________ 2 MMR Date: __________
   - OR
     Date and results of titer: Rubella __________ Measles/Rubeola __________ Mumps __________

2. **Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.**
   - 1st Varicella Date: __________ 2nd Varicella Date: __________
   - OR
     Date and results of IgG titer: __________

3. **TdaP (Tetanus, diphtheria, pertussis) History of 1 Tdap required.**
   - Tdap Date: __________

4. **Hepatitis B: Documented evidence of completed series or positive antibody titer or declination form.**
   - Date of 1st injection: __________ Date of 2nd injection: __________ Date of 3rd injection: __________
   - OR Hepatitis B Titer date: __________
   - OR Signed Declination Form Attached

5. **Tuberculosis- 2 step PPD required annually: Two-Step Testing**
   Use two-step testing for initial skin testing of adults who will be retested periodically
   - Initial Test:
     Test Given __________ Date read: _______ Result: __________
     Second Test (1-3 weeks after initial test)
     Test Given: __________ Date read: _______ Result: __________
   - OR
     Previous Positive PPD test:
     Provide documentations of negative chest X-ray/evidence of TB disease free status
     __________ Titer Results: __________
     Date of chest x-ray __________ Result: __________

6. **Influenza: Documented evidence of influenza vaccination within the past year or declination form.**
   - Date of injection: ____________ OR Signed Declination Form attached.

MD/PA/CRNP Signature: ____________________________ Date: __________