

**GROSSMONT COLLEGE HEALTH PROFESSIONS
IMMUNIZATION REQUIREMENTS**

Name _____ I.D.# _____

DOCUMENTATION MUST BE SUBMITTED (Signature and stamp of physician, nurse practitioner, physician assistant, or Grossmont College Student Health Services nurse)

IMMUNIZATIONS REQUIRED

MMR (Measles, Mumps, Rubella)	Date #1 _____	Signature _____
	Date #2 _____	Signature _____
<u>OR</u> Seropositivity	Date _____	Signature _____

If born *before* January 1, 1957 only 1 dose of MMR or seropositivity is required. If date is *after* January 1, 1957 two doses of vaccine are required or seropositivity.

Hepatitis B	Date #1 _____	Signature _____
	Date #2 _____	Signature _____
	Date #3 _____	Signature _____
Seropositivity (required) Post vaccination testing must be done 6 weeks after last dose of vaccine	Date _____	Signature _____

Tetanus/Diphtheria And Acellular Pertussis (within past 10 years)	Date _____	Signature _____
---	------------	-----------------

Varicella (chickenpox)	Date #1 _____	Signature _____
	Date #2 _____	Signature _____
<u>OR</u> Seropositivity	Date _____	Signature _____

Influenza vaccination or a signed declination form is required by health care facilities. The vaccination and required hospital consortium form is available in Student Health Services

Note: If you have documentation of these vaccinations and tests, bring them to the Student Health Services Office, to have them signed off.