

IMMUNIZATION and TB testing INFORMATION

The following immunizations must be **completed** in order to submit the application packet. Please use the following pages to assist you and your healthcare provider to ensure that the correct vaccinations and/or tests are completed for the program.

MMR (Measles, Mumps and Rubella). Applicants must;

1. Receive 2 vaccinations unless born before January 1st, 1957, and then only 1 vaccination is required.
or
2. If known past history of any of the 3 diseases, a titer (test for immunity) for Measles, Mumps and/or Rubella must be done. If the test returns "negative for immunity" for any or all 3 diseases, boosters must be completed for those which are not immune. MMR test for immunity must be positive in order to apply.
 - MMR vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.
 - If the 1st vaccination was done previously without a 2nd vaccination following, please discuss your options with your healthcare provider. You may be able to receive the 2nd vaccination, a booster or test for immunity to complete the series.

HepB (Hepatitis B). Applicants must;

1. Receive 3 vaccinations (evidence of *Hepatitis B Quantitative* test for immunity must be submitted if accepted into the program).
or
2. If known past history of Hepatitis B disease or previously vaccinated, receive a *Hepatitis B Quantitative* immunity test showing positive results for immunity.
 - Hepatitis B 3-dose vaccination schedule with test for immunity: After completing the 1st vaccination, the 2nd vaccination should be completed 1 month following. The 3rd vaccination should be completed 5 months following the 2nd vaccination and the titer test for immunity should be completed 1 month following the 3rd vaccination. Test for immunity not required to apply.
 - If a dose was missed at any point, please discuss your options with your healthcare provider. You may be able to receive the remaining doses at this time then conclude the series with a test for immunity.
 - If after the 3 vaccinations have been completed and the titer test results are negative, you will need only to get a Hepatitis B booster then repeat the HepB Quantitative test for immunity 1 month following the booster.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.
 - Applicants may not complete the test for immunity without ever receiving the vaccinations.
 - If a *Hepatitis B Quantitative* immunity test is done with negative results, the applicant must provide proof of the 3 previous vaccinations completed prior to testing in order to submit an application.
 - **If previous vaccinations cannot be provided**, the applicant must begin the series of 3 vaccinations and then test again for immunity to *Hepatitis B* in order to submit an application.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.

Tdap (Tetanus/Diphtheria and Acellular Pertussis). Applicants must;

1. Receive one (1) vaccination of Tdap given in 2005 or later, thereafter, a Td booster every 10 years.
 - No other combination of Tetanus, Diphtheria or Pertussis will be accepted for initial vaccination (i.e. DT/Td).

Varicella (Chickenpox) Applicants must;

1. Receive 2 vaccinations; Varicella vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.
or
2. If known past history of chickenpox infection, receive a titer test (immunity) to Varicella. Varicella test for immunity must be positive in order to apply.

TB (Tuberculosis) Applicants must;

1. Provide proof of negative test results for Tuberculosis or submit the required documentation in the case of a positive TB test. Refer to the *TB Clearance Requirement Information* document below for complete instructions on TB testing for the program.

**IMMUNIZATION REQUIREMENTS
FOR APPLICATION TO HEALTH PROFESSIONS PROGRAMS**

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations/tests required to apply to any Health Professions Program. In lieu of the attached form, you may submit forms obtained from your healthcare facility with the appropriate **signature and stamp at each vaccination and/or test completed or transcribed.** This Immunization requirement form should be completed only by the appropriate Healthcare Professional to include; Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____ STUDENT ID#: _____
Last First

<p>MMR (Measles, Mumps, Rubella)</p> <p>Must include 2 vaccinations*</p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer) If known past history of Measles, Mumps or Rubella, or if immunization record missing.</p> <p>*If born before January 1, 1957 only 1 dose of MMR or titer for immunity is required.</p>	<p>Date #1: _____ Signature</p> <p>Date #2: _____ (1 mo. following date #1) Signature</p> <p>Titer Date: _____ <input type="checkbox"/> positive(immune) <input type="checkbox"/> negative Signature</p>	FACILITY STAMP
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<p>Hepatitis B</p> <p>Must include 3 vaccinations</p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer) If known past history of the Hep B infection and/or to verify immunity to Hep B. HepB Surface Antibody, <u>Quantitative (QT)</u>.</p>	<p>Date #1: _____ Signature</p> <p>Date #2: _____ (1 mo. following date #1) Signature</p> <p>Date #3: _____ (5 mo. following date #2) Signature</p> <p>Titer Date: _____ (1 mo. following date #3) <input type="checkbox"/> positive(immune) <input type="checkbox"/> negative Signature</p>	FACILITY STAMP
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<p>Tetanus/ Diptheria and Acellular Pertussis (Tdap)</p> <p>Must be given in or after 2005, With Td booster after 10 years.</p>	<p>Tdap Date: _____ Signature</p> <p>Td Booster Date: _____ Signature</p>	FACILITY STAMP
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<p>Varicella (Chickenpox)</p> <p>Must include 2 vaccinations</p> <p>OR</p> <p>Laboratory Evidence of Immunity (titer). If known past history of Varicella or if immunization record missing.</p>	<p>Date #1: _____ Signature</p> <p>Date #2: _____ (1 mo. following date #1) Signature</p> <p>Titer Date: _____ <input type="checkbox"/> positive (immune) <input type="checkbox"/> negative Signature</p>	FACILITY STAMP
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ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION