

(This form must accompany the application packet)

GROSSMONT COLLEGE RESPIRATORY THERAPY IMMUNIZATION 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 are completed to meet the Program requirements. (If no Immunization record exists a **POSITIVE** titer will be accepted. Including Hep B)

MMR (Measles, Mumps and Rubella) Applicants must submit documentation of the following:

1. Two MMR vaccinations given at least 28 days apart.
or
2. A positive blood test/titer indicating immunity for Measles, Mumps and Rubella.

HepB (Hepatitis B). Applicants must submit documentation of the following:

1. Three Hep B vaccinations **or** two for Heplisav B option
and
2. A positive blood test/titer indicating immunity for Hep B.

Tdap (Tetanus/Diphtheria and Acellular Pertussis). Applicants must submit documentation of the following:

1. Tdap vaccination within the past 10 years.

Varicella (Chickenpox) Applicants must submit documentation of the following:

1. Two vaccinations given at least 28 days apart.
or
2. A positive blood test/titer indicating immunity for Varicella.

Covid-19 Applicants must submit documentation of the following:

1. Two vaccine option for covid-19 **and** the Booster (3 vaccines total)

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION REQUIREMENTS FOR ADMISSION TO OTA PROGRAM

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations required to apply to the RT 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 completed or transcribed. The 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

MMR (Measles, Mumps, Rubella) <i>Must include 2 vaccinations</i> OR Laboratory Evidence of Immunity (titer)	Date #1: _____ Date #2: _____ (1 mo. following date #1)	_____ Signature _____ Signature _____ Signature	FACILITY STAMP
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Hepatitis B <i>Must include 3 vaccinations</i> Or 2 for Heplisav B (Please check boxes) AND Laboratory Evidence of Immunity (titer) <i>HepB Surface Antibody, <u>Quantitative (QT)</u> only.</i>	Date #1: _____ <small style="margin-left: 150px;">Heplisav B</small> Date #2: _____ (1 mo. following date #1) <small style="margin-left: 100px;">Heplisav B</small> Date #3: _____ (5 mo. following date #2)	_____ Signature _____ Signature _____ Signature _____ Signature	FACILITY STAMP
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Tetanus/ Diptheria and Acellular Pertussis (Tdap) <i>Must be given within the past 10 years.</i>	Tdap Date: _____	_____ Signature	FACILITY STAMP
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Varicella (Chickenpox) <i>Must include 2 vaccinations</i> OR Laboratory Evidence of Immunity (titer).	Date #1: _____ Date #2: _____ (1 mo. following date #1)	_____ Signature _____ Signature _____ Signature	FACILITY STAMP
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Covid-19 Vaccine <i>Must include 2 vaccinations</i> (or the 1 dose option Please check box) AND Covid-19 Booster	Date #1: _____ <small style="margin-left: 150px;">1 Dose Vaccine</small> Date #2: _____ (1 mo. following date #1)	_____ Signature _____ Signature _____ Signature	FACILITY STAMP
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ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION TO THE RT PROGRAM