



Department of Health Sciences

PATIENT CARE TECHNOLOGY PROGRAM

Immunization Records

**Students must submit immunization records with dates, or serologic tests confirming immunity.*

Varicella
Vaccination Vaccine 1 _____
Date: Vaccine 2 _____
(2 lifetime)

Influenza
Vaccine 1 _____
(annual)

**Tetanus /
Diphtheria
Booster:** _____
(every 10 years)

MMR
Vaccination Vaccine 1 _____
Date: Vaccine 2 _____
(2 lifetime)

**Meningitis
Vaccine 1**

(if under the age of 30)

Hepatitis B Vaccine 1 _____
Vaccination Vaccine 2 _____
Date: Vaccine 3 _____
(3 lifetime)

Tuberculosis Screening Date: _____