

Immunization History

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____ Program of Study: _____ Starting Date: _____

Personal email address: _____ Text Updates: _____ Yes _____ No

Student ID #: _____ Date of Birth: _____

In order for you to attend classes at Washington County Community College, you must complete this form and return it **BEFORE YOU CAN ATTEND CLASSES**. Submit the completed form to Enrollment Services.

Maine state law requires that all entering students furnish proof of immunization against measles, mumps, rubella, and diphtheria /tetanus. Students shall have a physician, nurse or other healthcare professional complete and sign this form or present a copy of an immunization certificate in its place. The certificate must contain the dates immunizations were given as well as the signature of the healthcare professional. **Students born before January 1, 1957 are exempt from the proof for measles, mumps, and rubella.**

TO BE FILLED OUT AND SIGNED BY HEALTHCARE PROFESSIONAL

Required for All Students:

Dose #1 Dose #2

MEASLES ___/___/___ ___/___/___ (RUBEOLA) Two doses of measles vaccine administered after the student was 1 year old **OR** results of a TITER test showing immunity. Any child who was immunized prior to January 1, 1968, with inactivated measles vaccine (Pfizer/Merck Measles K) must be re-immunized.

MUMPS ___/___/___ ___/___/___ Two doses of mumps vaccine administered after the student was 1 year old **OR** results of a TITER test showing immunity.

RUBELLA ___/___/___ ___/___/___ (GERMAN MEASLES) Two doses of Rubella vaccine administered after the student was 1 year old and after January 1, 1969 **OR** results of a TITER test showing immunity.

DT, DTP, Tdap, or TD ___/___/___ (DIPHtheria/TETANUS) Within the last ten years prior to enrollment and by the tenth Anniversary date while enrolled.

Required for Student Housing Residents Only:

MENINGOCOCCAL ___/___/___ ___/___/___ (MENINGITIS) Two doses for adolescents 11 through 18 years of age: the first dose at 11 or 13 years of age, with a booster dose between ages 16 and 18. If the first dose is given after the 16th birthday, a booster is not needed.

Requirements for Health Programs Only: Not being in compliance prior to enrollment could adversely impact your clinical placement.

INFLUENZA VACCINATION ___/___/___ Annually

HEPATITIS B ___/___/___ ___/___/___ ___/___/___ Series of three required for students enrolled in medical assisting or phlebotomy programs.

VARICELLA ___/___/___ ___/___/___ (CHICKENPOX) Two doses required of students in medical assisting & phlebotomy programs or results of a TITER test showing immunity.

PURE PROTEIN DERIVATIVE ___/___/___ ___/___/___ (TUBERCULOSIS) Two-step testing process required of students in medical assisting & phlebotomy programs **within 1 year of beginning clinical and annually while enrolled in an allied health program.**

2-Step positive negative

Student Signature: _____ Date: _____

Healthcare Professional Signature & Title: _____ Date: _____

A medical exemption may be provided if the student provides a written statement from a **licensed physician, nurse practitioner or physician assistant** that, in the physician's, nurse practitioner's or physician assistant's professional judgment, immunization against one or more of the diseases may be medically inadvisable.

Please note - those who can provide evidence of immunization or immunity for diphtheria, measles, mumps, rubella, and tetanus are not the same as those who can provide a medical exemption for those five diseases.

- **Evidence** can come from a physician, nurse, public health official, or school health provider (a physician, physician's assistant, registered nurse, or nurse practitioner, licensed to practice by the State and appointed by the Chief Administrative Officer to provide health care to the student population).

- **Exemptions** can come from a licensed physician, nurse practitioner, or physician assistant.