

Immunization History

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

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

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

Email address: _____ Social Security #: _____ 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 BE REGISTERED FOR CLASSES**. Submit the completed form to Cody Ryan, Enrollment Services Representative.

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:

<u>Required for All Students:</u>	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 Dorm Residents Only:

MENINGOCOCCAL _/_/_ Vaccine for newly entering student who plans to live in a resident hall.

Requirements for Health Programs Only:

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	<input type="checkbox"/> positive <input type="checkbox"/> negative	

Student Signature: _____ Date: _____

Healthcare Professional Signature & Title: _____ Date: _____