**GROSSMONT COLLEGE HEALTH PROFESSIONS**

**IMMUNIZATION and/or TEST 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 to meet each Program requirements.

**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,**
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

**GROSSMONT COLLEGE HEALTH PROFESSIONS**

**IMMUNIZATION REQUIREMENTS**

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations required to apply to our Health Professions Programs.In lieu of the attached form, you may submit forms obtained from your healthcare facilitywith the appropriate **signature and stamp at each vaccination, 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

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| **MMR** (Measles, Mumps, Rubella) Must include 2 vaccinations  **OR** | Date #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | FACILITY STAMP |
| Date #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (1 mo. following date #1) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
| **Laboratory Evidence of Immunity (titer)** | Titer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  positive(immune) negative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
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| **Hepatitis B**  Must include 3 vaccinations  **OR** | Date #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | FACILITY STAMP |
| Date #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (1 mo. following date #1) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| Date #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (5 mo. following date #2) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| **Laboratory Evidence of Immunity (titer)**  HepB Surface Antibody, Quantitative (QT) **only**. | Titer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (1 mo. following date #3)   positive(immune)  negative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
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| **Tetanus/ Diphtheria and Acellular Pertussis** (Tdap)  *Must be given within the past 10 years.* | Tdap Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | FACILITY STAMP |

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| **Varicella** (Chickenpox)  Must include 2 vaccinations  **OR** | Date #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | FACILITY STAMP |
| Date #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (1 mo. following date #1) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
| **Laboratory Evidence of Immunity (titer)**. | Titer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  positive (immune) negative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |

**ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION TO OUR HEALTH PROFESSIONS PROGRAM**