

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.

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 2-Step	___/___/___	___/___/___	(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.
	<input type="checkbox"/> positive	<input type="checkbox"/> 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.

Non-Discrimination Policy: Washington County Community College is an equal opportunity/affirmative action institution and employer.

For more information, please call Tatiana Osmond, Affirmative Action Officer, at 207-454-1094.