

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 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 Dorm 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 16 th birthday, a booster is not needed.
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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	<input type="checkbox"/> positive <input type="checkbox"/> negative	

Student Signature: _____ Date: _____

Healthcare Professional Signature & Title: _____ Date: _____