

**COLUMBUS STATE COMMUNITY COLLEGE
SUPPLEMENTARY IMMUNIZATION RECORD**

NAME _____ SS# _____

PROGRAM _____ COUGAR ID# _____

TO BE COMPLETED BY THE PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED:

1. **Hepatitis B:** Dates of Hepatitis B immunization: #1 _____, #2 _____, #3 _____ (Must have immunizations #1 and # 2 completed before submitting health record and final immunization completed on schedule.)

OR

Date and results of hepatitis B **surface antibody** _____

NOTE: If the surface antibody is negative, the student must receive the immunization series.

2. **MMR:** Date of first immunization _____ Date of second _____

OR

Date and results of Rubeola IGG titer _____, Mumps IGG titer _____,

Date and results of Rubella IGG titer _____.

NOTE: If titer is negative, the student must receive the immunization series.

DO NOT RECEIVE MMR IMMUNIZATION WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST. The measles component invalidates the tuberculosis test, so you would have to repeat the tuberculosis testing which may delay your ability to register into your program.

3. **Chickenpox/Varicella:** Date of first immunization _____ Date of second _____
Both immunizations required before submitting health record.

OR

Date and results of varicella **IGG** titer _____

HISTORY OF DISEASE/ILLNESS IS NOT ACCEPTABLE DOCUMENTATION!

DO NOT RECEIVE THE VARICELLA IMMUNIZATIONS WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST.

4. **Tdap:** (Tetanus and Whooping Cough): Date of immunization within past 8 year's _____

5. **Flu Vaccine:** _____ (**CURRENT SEASONAL FLU REQUIRED**)

Signature: _____

Printed Name and Title: _____

Organization: _____

Phone: _____ Date: _____