

**GROSSMONT COLLEGE HEALTH PROFESSIONS
IMMUNIZATION REQUIREMENTS
SCHOOL OF NURSING**

This form must be signed off by a Grossmont College Health Services RN prior to submitting it to the Nursing Program Office.

To be cleared by the Grossmont College Health Services Department, supporting documentation must accompany this form for any vaccine or titer given at another facility. This form will only be accepted with a signature and stamp from the following: Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____
Last *First*

STUDENT ID#: _____ Staff Student Other _____

MMR (Measles, Mumps, Rubella)	Date #1: _____	Signature: _____	
	Date #2: _____	Signature: _____	
OR Seropositivity	S. Date: _____	Signature: _____	
If born <i>before</i> January 1, 1957 only 1 dose of MMR <u>or</u> seropositivity is required. If born <i>after</i> January 1, 1957 two doses of vaccine are required <u>or</u> seropositivity.			

Hepatitis B	Date #1: _____	Signature: _____	
	Date #2: _____	Signature: _____	
	Date #3: _____	Signature: _____	
Seropositivity (req'd)	S. Date: _____	Signature: _____	
Post-vaccination testing must be done 1-2 months after last dose of vaccine.			

Tetanus/ Diptheria and Acellular Pertussis (TDAP)	Date #1: _____	Signature: _____	
<i>Must be given 2005 or after.</i>			

Varicella (Chickenpox)	Date #1: _____	Signature: _____	
	Date #2: _____	Signature: _____	
OR Seropositivity	S. Date: _____	Signature: _____	

GROSSMONT COLLEGE HEALTH SERVICES OFFICIAL USE ONLY			
Needs to complete Hepatitis B series:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other vaccination requirements have been met:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Health Services Nurse: _____			Date: _____
Stamp: _____			
All vaccination requirements have been met:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Health Services Nurse: _____			Date: _____
Stamp: _____			