

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION RECORD

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 the Program requirements.

MMR (Measles, Mumps and Rubella) Applicants must;

1. Receive 2 vaccinations unless born before January 1st, 1957, and then only 1 vaccination is required.
or
2. If known past history of any of the 3 diseases, receive a titer test (immunity) to Measles, Mumps and/or Rubella. If the titer test returns "negative for immunity" for any or all 3 diseases, boosters must be completed for those which are not immune.
 - MMR vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.
 - If the 1st vaccination was done previously without a 2nd vaccination following, please discuss your options with your healthcare provider. You may be able to receive the 2nd vaccination, a booster or test for immunity to complete the series.

HepB (Hepatitis B). Applicants must;

1. Receive 3 vaccinations
or
2. If known past history of Hepatitis B disease or previously vaccinated, receive a *Hepatitis B surface Antibody Quantitative* test showing positive results for immunity.
 - Hepatitis B 3-dose vaccination schedule with test for immunity: After completing the 1st vaccination, the 2nd vaccination should be completed 1 month following. The 3rd vaccination should be completed 5 months following the 2nd vaccination and the titer test for immunity (HBsAb Quantitative) should be completed 1 month following the 3rd vaccination.
 - If a dose was missed at any point, please discuss your options with your healthcare provider. You may be able to receive the remaining doses at this time then conclude the series with a titer test for immunity.
 - If after the 3 vaccinations have been completed and the titer test results are negative, you will need only to get a Hepatitis B booster then repeat the titer test 1 month following the booster.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.
 - **Applicants may not complete the *Hepatitis B surface Antibody Quantitative* test without ever receiving the vaccinations.**
 - If a *Hepatitis B surface Antibody Quantitative* test is done with negative results, the applicant must provide proof of the 3 previous vaccinations completed prior to testing in order to submit an application.
 - If vaccinations cannot be provided, the applicant must have the subsequent booster and 2nd *Hepatitis B surface Antibody Quantitative* test in order to submit an application.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.

Tdap (Tetanus/Diphtheria and Acellular Pertussis). Applicants must;

1. Receive one (1) vaccination of Tdap given 2005 or later, with a Td booster every 10 years after.
 - No other combination of Tetanus, Diphtheria or Pertussis will be accepted (i.e. DT/Td).

Varicella (Chickenpox) Applicants must;

1. Receive 2 vaccinations; Varicella vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.
or
2. If known past history of chickenpox infection*, receive a titer test (immunity) to Varicella.

*we are unable to accept a notice of "past history" from a physician, a test must be done to verify immunity.

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION REQUIREMENTS FOR APPLICATION

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations/tests required to apply to the Nursing Program. In lieu of the attached form, you may submit forms obtained from your healthcare facility with the appropriate **signature and stamp at each vaccination and/or test 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

<p>MMR (Measles, Mumps, Rubella) Must include 2 vaccinations</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Measles, Mumps or Rubella, or if immunization record is missing</p> <p><i>*If born before January 1, 1957, only 1 dose of MMR or the titer for immunity is required.</i></p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/>positive (immune) <input type="checkbox"/>negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>HepB (Hepatitis B) Must include 3 vaccinations*</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Hepatitis B infection and /or to verify immunity. HepB Surface Antibody, Quantitative (QT) only (Qualitative results are not acceptable)</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Date #3: _____ (5 mo. following date #2)</p> <p>Titer Date: _____ <input type="checkbox"/>positive (immune) <input type="checkbox"/>negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>Tdap (Tetanus, Diphtheria and Acellular Pertussis)</p> <p>Must be given in 2005 or later with a Td booster every 10 years thereafter.</p>	<p>Tdap Date: _____</p> <p>Td booster Date: _____</p>	<p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>Varicella (Chickenpox) Must include 2 vaccinations</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Varicella infection and /or if immunization record is missing</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/>positive (immune) <input type="checkbox"/>negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp

*In addition to the 3 vaccines, a positive test for immunity will be required if offered a seat in the program. You may complete this requirement any time prior to the acceptance.

ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION