STUDENT IMMUNIZATION RECORD

Semester/Year starting the Program: ____________________

☐ ADN  ☐ ADS  ☐ LPN  ☐ RT  ☐ OTA

Student Name: ______________________________________ Student ID#_____________________

Attach copies of ALL immunization records or laboratory evidence of immunity

1. Chickenpox disease: _______ (Documentation REQUIRED!)
   Varicella Zoster Titer: Date__________ Results:________________________
   Chickenpox (Varivax) Vaccines: #1 Date:______________ #2 Date:______________
   If you do not have documentation of disease, titer must be drawn to show immunity. If you have not had the disease, or you are uncertain, you must have the vaccination.

2. Hepatitis B Vaccine series:  #1 Date: ____________ #2 Date: ____________ #3 Date: ____________
   AND
   Hepatitis B antibody titer: Date______________ Results:__________________________
   (Students must have the vaccinations AND titer showing immunity. For best results, titer should be drawn within 1 to 6 months of third dose)

3. Tetanus/Diphtheria/ Pertussis booster within the last 10 years: Date: _________________
   OR one dose of Adacel (Tdap) within the last 10 years: Date: _________________

4. Two doses of MMR vaccine on or after your first birthday are required. The doses must be at least thirty days apart. All other doses are considered invalid doses. Date of Birth: _________ Dose #1:__________ Dose #2:__________
   (If measles vaccination received between 1963 – 1967, re-vaccination is required)
   OR -- titters for all three:
   Measles (Rubeola) titer Date______________ Results:__________________________
   Mumps titer Date______________ Results:__________________________
   Rubella Titer Date______________ Results:__________________________

5. TB Test Results
   Negative _______ Positive _______
   Where obtained ____________________________ Date __________
   If TB Test is Positive: Complete TB Symptom Form

6. Influenza vaccination, required annually (most affective when administered prior to flu season) Date_______________

7. CPR Certification expires: ________________ (attach copy)
   American Heart Association: Course: BLS for Healthcare Providers OR
   American Red Cross: Course: CPR / AED for the Professional Rescuer

This information is truthful to the best of my knowledge and according to medical documentation.

Student Signature: _____________________________ Date: ________________
BSOBF DISEASE STANDARD FOR STUDENTS

Since transmission of several human diseases capable of causing significant illness and death may occur from direct contact with “blood, saliva, or other body fluids”* (BSOBF), their droplets, aerosols and possibly contaminate laboratory wastes, it is essential that standards of practice that will protect health student, their families and patients be put in place and enforced.

The realization of the risk of contracting BSOBF-borne diseases from patient should motivate health students to use the recommended preventive measures that have been designed to minimize the risk of occupational transmission of these potentially serious diseases.

The standards for such protection shall include:

1. A basic premise that all students, real or simulated, should be considered potential carriers of contagious disease.
2. The strong recommendation that all students obtain immunization, if available, against known diseases transmitted by direct contact with blood, saliva or other body fluids to help prevent disease transmission.
3. The use of “Universal Precautions” including but not limited to the use of gloves, masks, eye protection, appropriate clothing, and hand washing techniques, to be used at all times when working with any real or simulated patient.
4. The reduction of cross-contamination between treatment areas and non-treatment areas such as home and school. Examples include but are not limited to wearing uniforms from a clinical area to the grocery store or the movies, wearing a lab coat from a college class to another public place and so forth.
5. The proper aseptic management of contaminated environmental surfaces.
6. The proper sterilization or high-level disaffection of contaminated reusable instruments.
7. The proper use, care and disposal of sharp instruments and needles.
8. The proper management of contaminated waste material.

Hepatitis B virus (HBV) infection is a major cause of acute and chronic hepatitis worldwide. The U.S. Center for Disease Control recommends “persons at substantial risk of acquiring HBV infection who are demonstrated or judged likely to be susceptible should be vaccinated. They include (among others) health care workers, dentistry, nursing, laboratory technology and other allied health professions.” (Center for Disease Control, MMWR, Morbidity and Mortality Weekly Report, Vol. 34, No. 22, 1985, pg. 322).

The Health Program Directors and faculty therefore strongly recommend every health student to be inoculated with the Hepatitis B vaccine before or during his/her first semester in a GRCC health program. Students who are unwilling to be vaccinated will be asked to sign a statement indicating that they understand the high-risk situation they are entering but they are declining the vaccine.

NOTE: It is important that students realize they may be excluded from certain clinical areas if they have not been vaccinated, therefore impeding them from graduating from their respective program.

I have had or will get the Hepatitis B vaccine.

____________________________________________________  __________________
Student Signature                                      Date

8/2013