

**Colorado Community College System
Health/ Immunization Record**

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____

I give consent for the MCC health program to share the results of the immunizations with clinical agencies as requested.

Student Signature

Students must submit proof of the following immunizations. If an immunization record is unavailable, the student must have titers drawn that show immunity or receive the immunizations. If a titer does not indicate immunity, the immunizations must be done. A health care provider (MD, NP, PA, or Occupational Health RN) MUST verify information and sign this document.

The following is to be completed and signed by a health care provider:

1. REQUIRED FOR ALL STUDENTS:

A. Tetanus, Diphtheria, Pertussis (Tdap)
or booster must be within the last 10 years,

DATE TAKEN:

MO/YR

B. MMR (Measles-Mumps-Rubella)
Must have 2 doses of MMR, at least one month apart

Dose #1 _____
MO/YR

Dose #2 _____
MO/YR

C. Varicella (Chickenpox)

*Proof of disease DOES NOT constitute immunity. Student must have either a titer drawn or receive the immunizations. The titer must indicate immunity; if it does not, must have two doses of individual varicella vaccine

Must have 2 doses at least four weeks apart

Dose #1 _____
MO/YR

Dose #2 _____
MO/YR

D. Hepatitis B

*Students may choose to decline this immunization; however a waiver form must be signed. See Student Success Advisor for this form.

The hepatitis B series consists of three doses. The second dose should be 1-2 months after initial and the third dose in 4-6 months.

Dose #1 _____
MO/YR

Dose #2 _____
MO/YR

Dose #3 _____
MO/YR

