



Anoka Technical College Practical Nursing Program Student Record of Immunization Form

Student Name	Student Date of Birth
Address	Student ID Number
	Phone

Directions for completing form:

Enter the month and year for each of the boxes listed. All the boxes must be filled in for this form to be valid with the exception of pending Hepatitis B doses #2 and/or #3. Subsequent documentation of completed doses 2 and 3 must be provided to the nursing program after acceptance.

Student Immunization Record			
Measles (Rubella, Red measles) 2 doses required after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
Mumps 2 doses after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
Rubella (German measles) 2 dose after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
Hepatitis B 3 doses or proof of immunity by titer At least 2 doses required in Semester 1 of program	Month/Year Dose 1	Month/Year Dose 2	Month/Year Dose 3

For the physician/nurse practitioner: I certify that the above information is true and an accurate statement of the dates on which the student received immunizations or showed laboratory evidence of immunity.

Physician/ Nurse Practitioner/ Physician Assistant Signature: _____

Date: _____

Clinic name and address:

(If health care personnel other than a physician/ nurse practitioner/ physician assistant is completing this form, a stamp from the clinic is required.)

FOR OFFICE USE ONLY		
Date/Time Completed:		Start Date:
Approved by:		Date: