

**SAN DIEGO CITY COLLEGE - NURSING EDUCATION
IMMUNIZATION RECORD**

NAME: _____ Year I _____ II _____

ADDRESS: _____

The following documentation **must be submitted** with application for admission to the nursing program. Certain immunizations may be obtained through the Public Health Department, clinic, your MD or Student Health Services. **Note: you must be currently enrolled & attending classes to use Student Health Services.**

NOTE: PLEASE ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM.

HEPATITIS "B"

Receipt of **Hepatitis "B" vaccine** – (series of three doses)

Dates: #1 _____

#2 _____ (1 month after #1)

#3 _____ (6 months after #1)

PLUS follow-up titre - after series is completed – confirming immunity.

Date of Titre: _____ **Results:** _____ (1 to 2 months after #3)

***Note:** If negative or non-immune, the student must receive a Hepatitis B “booster”.

ANNUAL TUBERCULIN SKIN TEST (TB skin test must be current and IN FILE throughout program)

Results: **Negative** _____ ***Positive** _____ **Date Read:** _____

***If positive:** Chest X-Ray **must** be performed within 2 months of positive tuberculin skin test.

Chest X-ray Date _____ **Results:** _____

(Note: Chest X-ray is required within 12 months of starting program)

RUBEOLA (MEASLES)

Students born in 1957 or later:

Documented Seropositivity (Titre) **Date:** _____ **Results:** _____

OR

Documented receipt of two doses of a **Date:** _____

measles-containing vaccine received
on or after the first birthday **Date:** _____

Students born before 1957:

Documented Seropositivity (Titre) **Date:** _____ **Results:** _____

OR

Documented receipt of one dose of
a measles-containing vaccine **Date:** _____
received on or after first birthday

OR

Documented evidence of measles disease **Date:** _____

IMMUNIZATION RECORDS

Page 2

MUMPS

Documented Seropositivity (Titre) **Date:** _____ **Results:** _____
OR

Documented receipt of one dose of a mumps vaccine received on or after first birthday **Date:** _____

***RUBELLA (GERMAN MEASLES)**

Documented Seropositivity (Titre) **Date:** _____ **Results:** _____
OR

Documented receipt of one dose of a rubella-containing vaccine, received on or after first birthday **Date:** _____

*Women pregnant when immunized or who become pregnant within three months of immunization should be aware that potential risks to the fetus may exist.

TETANUS-DIPHTHERIA ACELLULAR PERTUSSIS (Tdap) MUST be after 2005

(Booster every ten years) **Date:** _____

VARICELLA (CHICKEN POX)

Documented seropositivity (Titre) **Date:** _____ **Results:** _____
OR

Documented receipt of Varicella Vaccine(s) **Date(s):** _____

(Note: If results are negative or non-immune, a series of two vaccinations are required)

#1 _____ **#2** _____

FLU VACCINE

Flu Vaccine is required every year on separate Consortium Flu Documentation form which will be emailed to students in the Fall semester. **Do not get flu vaccine until you have the form for documentation.**

Signature of Physician or Nurse verifying accuracy of information.

Signature

Date

Name/Address/Telephone # of Agency