

DEADLINE FOR THIS FORM TO BE COMPLETED: Contingent on the dates and instructions listed in the admission letter, this form MUST be submitted before the sophomore fall semester begins.	Adams State College Department of Nursing 2010-2011 STUDENT IMMUNIZATION CERTIFICATION
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Please mail completed form signed by both the student and the health care certifying official to:
 Carol Otto, Adams State College, Department of Nursing, 208 Edgemont Boulevard, Alamosa, Colorado 81102

Student's Name: _____ Date of Birth: _____

RN-BSN
 4-year BSN

The following immunizations are required of all entering ASC Nursing Students. ASC follows the Center for Disease Control (CDC) guidelines. Guidelines are listed with each immunization. The **certifying official must** list the dates and immunizations or titers received for the following:

MEASLES, MUMPS, RUBELLA (MMR): Documentation of two shots or serologies is required. Measles, mumps, and rubella require individual titers. List either the **two** dates of the MMRs received or the **individual** titer dates and results. The first MMR must have been received on or after your first birthday and there must be at least 28 days between the first and second MMR. If received prior to your first birthday or there is less than 28 days between the two MMRs received, you are required to have another MMR or show proof of positive titers.

MEASLES, MUMPS, AND RUBELLA (MMR):										
1 st Measles Vaccine:	/	/	2 nd Measles Vaccine:	/	/	OR	Date of Titer:	/	/	Titer Result:
1 st Mumps Vaccine:	/	/	2 nd Mumps Vaccine:	/	/	OR	Date of Titer:	/	/	Titer Result:
1 st Rubella Vaccine:	/	/	2 nd Rubella Vaccine:	/	/	OR	Date of Titer:	/	/	Titer Result:

HEPATITIS B: You are required to have the three shot series and provide the date and result of a positive HBSAB titer 1-2 months after the third dose. Please provide the date vaccines were received or the titer and result. There must be at least four weeks between the first and second vaccine and 4-5 months between the second and third vaccine (given at 0, 1, and 6-month intervals. If there is less than 4 weeks between vaccines 1 and 2 or less than 4 months between vaccines 2 and 3 or more than one year between vaccine 1 and 3, you are required to show proof of a positive HBSAB titer. If you have a negative titer, you are required to complete the three dose series, if the second titer is still negative after 6 doses of vaccine the patient is a non-responder.

HEPATITIS B:										
1 st :	/	/	2 nd :	/	/	OR	Date of Titer:	/	/	Titer Result:

POLIO: List the dates of the four shot childhood series. Adults, who had 1 or 2 IPV doses, and no documentation of childhood series, will need to complete a total of three injections. Therefore, if they had one, they would need an additional two adult catch-up injections; if they had two, they would need one additional catch-up injection.

POLIO:											
1 st :	/	/	2 nd :	/	/	3 rd :	/	/	4 th :	/	/

VARICELLA (CHICKEN POX): Please list the date (year) you had varicella (chicken pox), or the titer date and result or dates vaccine was received. A negative titer requires two vaccines placed one month apart.

VARICELLA (Chicken Pox):												
Date of Disease (Year):	OR	Titer Date:	/	/	Titer Result:	OR	1 st Vaccine:	/	/	2 nd Vaccine:	/	/

TETANUS: After primary vaccination, a tetanus-diphtheria (Td) booster is required for all healthcare workers every 10 years. For international students: Three documented doses of Td are required, 4-6 weeks should separate the 1st and 2nd, 6-12 months should separate the 2nd and 3rd.

TETANUS (Td/Tdap): (must be within the last ten years)	Date current tetanus shot received:	/	/
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INFLUENZA VACCINE: Renewal required every year.

INFLUENZA VACCINE	Date influenza vaccine received: / /	Date Influenza vaccine received: / /
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TUBERCULIN SKIN TEST (REQUIRED MANTOUX PPD): Two PPDs are required. If you have never had a PPD or your current PPD is more than one year old, you are required to have the two-step method of testing done. The two-step method requires placement of two separate PPD skin tests 7-14 days apart. All skin tests need to be read within 48-72 hours or another test is required. A single TB skin test administered after the initial exposure may elicit a negative response. The immune reaction wanes over time. Giving a second test stimulates the immune system to respond and may respond positively, indicating that the person was previously infected or exposed. It is important to differentiate between old and new infection. Please list the dates and results for **BOTH** PPDs received.

If the PPD is positive (10mm and above), a chest x-ray is **required** including the x-ray date along with a copy of the physician's report to x-ray's older than one year will be accepted as long as you have completed the full INH treatment and have been symptom free for one year. If you did not complete the full treatment or have had symptoms in the last year you will need an annual x-ray.

TO BE COMPLETED BY CERTIFYING OFFICIAL. The certifying official does NOT certify that they have given all immunizations listed, but that they have seen written documentation the immunizations were received.

Print Name (MD, DO, NP, PA, RN): _____ Title: _____
Signature of person listed above: _____ Contact Number: _____ Date signed: _____

Medical Exemption: The physical condition of the above-named person is such that immunization would endanger life or health, or is medically contraindicated due to medical conditions. Physician's Name (please print): _____ Physician's Signature: _____
Date signed: _____ Contact Number: _____ Email Address: _____

Religious Exemption: Parent or guardian of the above-named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. Relationship and printed name of person signing this form: _____ Date signed: _____
Signature of Person signing this form: _____ Contact Number: _____

Personal Exemption: Parent or guardian of the above-named person or the person himself/herself is an adherent to a personal belief opposed to immunizations. Relationship and printed name of person signing this form: _____ Date signed: _____
Signature of Person signing this form: _____ Contact Number: _____

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE. Please be advised, by signing an exemption students will be subject to academic restrictions regarding lab and/or clinical placement and will be unable to complete their program/degree requirements.

TO BE COMPLETED BY STUDENT- I understand that if my immunizations are not current or are in progress while in attendance at ASC, I may be subject to academic restrictions and may not be able to complete program/degree requirements. I authorize ASC to disclose this form and/or other information related to my immunization records to any clinical agency or other such entity only in connection with my placement or participation in clinical internships, practica, affiliations, and other programs related to my course of study.

Student Signature: _____ Contact Number: _____ Date Signed: _____

FOR ASC USE ONLY: By signing below, I certify this student has completed all necessary immunization requirements for admission into the Nursing program. Signature of ASC Official reviewing form: _____ Date reviewed: _____