

RECORD

Health Sciences and Human Services

I, _____ MD/NP/PAC _____ MD/NP/PAC
Type or print provider name: _____
Provider signature: _____
Provider address: _____
Provider contact: _____

have examined _____ *Name of student:* _____
on _____
Date of Exam: _____

For admission to the CSI Dental Hygiene Program _____ and report the following immunization information:

The below recommendations follow the CDC recommendations for vaccinations for healthcare workers. **Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.**
(www.cdc.gov)

Hepatitis B **REQUIRED** If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should: Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Get anti-HBs serologic tested 1–2 months after dose #3.

Tetanus and Diphtheria & Pertussis **REQUIRED** Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.

Measles, Mumps, Rubella **REQUIRED** If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).
If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.

Varicella **REQUIRED** If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

Meningococcal **REQUIRED** Those who are routinely exposed to isolates of *N. meningitidis* should get one dose.

Influenza (Flu) **REQUIRED** Get 1 dose of influenza vaccine annually during flu season.

Please complete immunization record on following pages.

HEALTH IMMUNIZATION RECORD

Health Sciences and Human Services

IMMUNIZATION RECORD:

Hepatitis B
Immunization Dates
1st
2nd
3rd

Titer date and results:

Tdap or TD (circle one)
(If hypersensitivity to Tdap)

Measles Mumps Rubella (check all that apply to prove of immunity)

- (a) Persons born prior to January 1, 1957; or
(b) Physician documented history of measles, mumps, and rubella disease; or
(c) Blood titer confirmation of measles immunity; or
(d) A documented receipt from a physician or health facility that two doses of measles vaccine administered after 12 months of age with at least one immunization after 15 months of age.

Immunization Dates

1st
2nd

Titer date and results:

Varicella-Chickenpox (check all that apply to prove of immunity)

- (a) Documented history of chickenpox
(b) A documented receipt from a physician or health facility that varicella vaccine administered on or after 12 months of age.
(c) Blood titer confirmation of immunity

Immunization Dates

1st
2nd

Titer date and results:

Meningococcal

- (a) A Documented receipt from a physician or healthcare facility that at least a single dose of meningococcal vaccine has been administered on or after 11 year of age.

Immunization Dates

1st
2nd

REQUIRED PPD Tuberculin Skin Test (current test must last until program completion)

2-Step (PPD/Mantoux) TB Skin Test and Chest X-ray Instructions

How do I get the 2-step TB skin test?

- 1. Get the TB skin test administered with date and signature documentation.
2. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).
3. If this was the first TB skin test you have ever had in performed in your lifetime you will need to have an additional TB skin test administered no sooner than 1 week from the 1st test and no later than 2 weeks after the first test.
4. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).

HEALTH IMMUNIZATION RECORD

What if I get a positive TB test result?

- If you receive a positive TB skin test, you will need a Chest X-ray to determine whether or not you have active TB.
- If you have previously tested positive for TB and have a Chest X-ray that is completed within the last 4 years, you may turn in that documentation

Note: Once you test positive for TB you will always test positive. Therefore, from that point on you will need to get a Chest X-ray every 4 years

2-Step TB Skin Test and Chest X-ray Documentation

Complete the following section, type or print clearly.

First Name (in box below)

Middle Initial

Last Name

DOB

Prior positive TB skin test Date: Induration _____ mm	Treated for latent TB infection (circle one) Yes No	Prior TB disease (circle one) Yes, date _____ NO	Received BCG vaccine (circle one) Yes No
If prior positive provider will follow CDC protocol for further testing	If yes provider will follow CDC protocol for further testing	If yes provider will follow CDC protocol for further testing	If yes provider will follow CDC protocol for further testing, TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine. TB blood test date and results:
Date PPD #1 administered	Date PPD #1 read	Results Positive _____ mm Negative 0mm	PPD read by print and sign
Date PPD #2 administered	Date PPD #2 read	Results Positive _____ mm Negative 0mm	PPD read by print and sign

Chest X-ray (only if performed for positive PPD)

Print evaluator name:

CXR needed CXR on file (circle one)	CXR results (circle all that apply) Negative Abnormal Consistent with TB	Comments (circle one) Referred for follow up medical evaluation. Provided written notification of results.	Date and evaluator signature
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