

## Health Sciences and Human Services Surgical Technology

## HEALTH IMMUNIZATION RECORD

I		MD/NP/PAC	
Type or print provider name		Provider signature	
Provider address		Provider telephone	
have examined	on _		
Name of st	udent	Date of Exam	
For admission to CSI SURGICA	L TECHNOLOGY PR	<b>OGRAM</b> and report the following immunization information:	
Healthcare workers include physic	ians, nurses, emergency r	mmendations for vaccinations for healthcare workers. nedical personnel, dental professionals, and students, medical nospital volunteers, and administrative staff. (www.cdc.gov)	
Hepatitis B	<b>REQUIRED</b> 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	<b>REQUIRED</b> 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	<b>REQUIRED</b> 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	<b>REQUIRED</b> Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.		
Influenza (Flu)	<b>REQUIRED</b> Get 1 dose of	influenza vaccine annually during flu season.	

Please complete immunization record on following pages.



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	Immunization Dates	
Hepatitis B	1 <sup>st</sup>	Titer date and results:
	2 <sup>nd</sup>	
	314	
Tdap or TD (circle one) (TD if hypersensitivity to T		Immunization Date
` •	check all that apply to prove	of immunity)
	born prior to January 1, 1957;	
		sles, mumps, and rubella disease; or,
(c) Blood ti	ter confirmation of measles in	nmunity; or,
, ,	nented receipt from a physicia	n or health facility that two doses of measles vaccine administered
after	£	Sention of an 15 months of and
12 monuis o	of age with at least one immunity <i>Immunization Dates</i>	zation after 13 months of age.
		Titer date and results:
	1 <sup>st</sup>	
Varicella-Chickennox (che	ck all that apply to prove of	immunity)
	nted history of chickenpox	
		an or health facility that varicella vaccine administered on or after 12
	nths of age.	
(c) Blood t	iter confirmation of immunity	
	Immunization Dates	and
	Titer date and results:	2 <sup>nd</sup>
N# · .		
Meningococcal (a) A Docume	ented receipt from a physician	or healthcare facility that at least a single dose of meningococcal
vaco	eine has been administered on	or after 11 year of age.
	Immunization Dates	
	1 <sup>st</sup>	
Seasonal Flu	la	ast immunization date.
COVID-19 Immunization (	dates and	Booster
Please submit copy of imm	unization card.	Booster
• •		
You will ONLY get the TB	skin test AFTER being adm	itted to the program. It must be good until AUGUST 1st of your