

Asnuntuck Community College
STUDENT HEALTH SERVICE

IMMUNIZATION REQUIREMENTS for STUDENTS

INSTRUCTIONS TO STUDENTS:

Please show these requirements to your health care provider who should record the dates and/or results of immunization on the Student Health Record. If the dates and/or results are unavailable, please make arrangements to receive the missing immunization. The completed **Student Health Record** must be returned to Continuing Education before the start of class.

NOTE: If your immunization record is unavailable only the following documentation will be accepted.

1. Laboratory evidence of immunity for mumps, measles, rubella, and varicella.
2. A medical certificate signed by a physician stating specific immunizations are contraindicated for health reasons.

TUBERCULIN SKIN TEST:

A Mantoux TB skin test is required within 12 months of your start date. The reading should be recorded in millimeters of induration.

If the Mantoux test is positive, the results of a chest x-ray completed within 12 months of the positive PPD and be reported within the last 5 years.

IMMUNIZATION REQUIREMENTS:

All incoming students must have medical certification of the following immunizations: tetanus, diphtheria, mumps, measles (Rubeola), German Measles (Rubella), Chicken Pox (Varicella) and Hepatitis B Vaccine.

1. Tetanus-Diphtheria Toxoid:

Evidence of receiving at least 3 doses of either diphtheria-tetanus-pertussis toxoid (DPT) or tetanus-diphtheria toxoid (DT) or tetanus-diphtheria toxoid-adult (Td). A Td booster is required if it is 10 years or more since the last immunization.

2. Mumps Vaccine:

Two doses of mumps vaccine or (MMR) are required. Those immunized for mumps prior to 1968 or before 12 months of age, or those vaccinated at any age with inactivated vaccine (available from 1963-67) cannot be considered to have received an adequate dose. Therefore, they should be revaccinated for mumps.

3. Measles (Rubeola) Vaccine:

Two doses of measles vaccine or (MMR) are required. Those immunized for measles prior to 1968 or before 12 months of age, or those vaccinated at any age with inactivated vaccine (available from 1963-67) cannot be considered to have received an adequate dose. Therefore, they should be revaccinated for measles.

4. German Measles (Rubella) Vaccine:

The Massachusetts Department of Public Health recommends the Measles/Mumps/Rubella trivalent vaccine (MMR) be given when protection against measles, mumps, or rubella is needed, even though the person to be immunized may have had one or two of these diseases or received one or two of the single viral vaccines in the past.

5. Chicken Pox (Varicella):

This requirement can be met either by a positive titer or by receiving two doses of varicella vaccine four to eight weeks apart. Since Varicella is a significant infection control problem, it is now a requirement that all students be immune to varicella.

5. Hepatitis B Vaccine:

Vaccination series completed or declination statement on file at Asnuntuck Community College.

Asnuntuck Community College

The information requested on this form must be completed by your health care provider and returned to the address at the bottom of the form. *Failure to provide evidence of all required immunization will delay your start date.*

Section 1: *(to be completed by the student)*

School _____ Program _____ Dates of rotation _____

Name of Student _____ Date of Birth _____

Home Address & Telephone# _____

Assignment area _____ Clinical Preceptor _____

Section 2: *(to be completed by the health care provider or college health services representative)*

1. Significant Medical History

(Current medical status including impairments or restrictions, allergies, drug sensitivities.)

2. Current TB Skin Test (Mantoux) within 12 months: **REQUIRED**

Date: _____ Result (Induration in mm): _____

If Mantoux is positive, report of current chest x-ray (within 12 months): _____

Date of Chest x-ray _____ Result _____

3. Mumps Titer: **REQUIRED**

Date: _____ Result: _____ Interpretation ____ positive ____ negative

or Date of Mumps Vaccinations: #1 _____

#2 _____

4. Rubeola (Measles) Titer: **REQUIRED**

Date: _____ Result: _____ Interpretation ____ positive ____ negative

or Date of Measles Vaccinations: #1 _____

#2 _____

NOTE: As of 12/29/89, the CDC recommends two doses of measles vaccine for people entering medical facilities. Vaccinations given before 12 months of age are not acceptable. Measles vaccine prior to 1968 is only acceptable if live vaccine was used.

5. Rubella (German Measles) Titer: **REQUIRED**

Date: _____ Result: _____ Interpretation ____ positive ____ negative

or Date of Rubella Vaccination: #1 _____

#2 _____

6. Varicella (*Chicken Pox*) Titer: **REQUIRED – HISTORY NOT ACCEPTED**

Date: _____ Result: _____ Interpretation ____ positive ____ negative

or Date of Varicella Vaccination: #1 _____
#2 _____

7. Tetanus Toxoid: **REQUIRED**

Date:

8. Hepatitis B: **REQUIRED**

Date:

Date:

Date:

Signature or stamp of Health Care Provide:

Name _____ Date completed _____

Address _____

Return form to:

**Asnuntuck Community College
Office of Continuing Education
Allied Health Division
170 Elm Street
Enfield, CT 06082**

Evidence of compliance with these requirements must be submitted to the hospital prior to the first clinical or fieldwork day. The Student(s) will not be permitted to start the clinical/fieldwork experience at the hospital until such documentation is provided.