

Montgomery County Community College
IMMUNIZATION RECORD
340 DeKalb Pike, Blue Bell, PA 19422
www.mc3.edu

CONFIDENTIAL

Name: _____
Last
First
Middle

Date of Birth: _____ ☐ First Year Student ☐ Subsequent Year(s) Student

***Subsequent Year(s) Students need to ONLY complete the PPD/Tuberculin section of this form**

To be completed by the Health Care Provider

*PPD/Tuberculin Skin Test	Date Placed	Date Read	Result (1)	Result (2)
Students in the 1 st year of their Program need the 2-step PPD, 2nd year students require only one PPD test.	1)	1) Signature _____	_____ mm induration Positive _____ Negative _____	_____ mm induration Positive _____ Negative _____
	2)	2) Signature _____		

If positive, describe follow-up below and attach copy of chest x-ray report. Is the student a member of a high risk group? Please see targeted testing guidelines at www.cdc.gov/tb/publications/tb/tbi/targetedtesting.htm

OR

Quantiferon Gold	Attach Results	Date

OR

TSpot	Attach Results	Date

Hepatitis B	Dose 1 Date	Dose 2 Date	Dose 3 Date	Titer
3 doses of vaccine or a blood test showing immunity.				Attach Results

OR

Signed Declination Waiver Date _____

Measles, Mumps, Rubella	Dose 1 Date	Dose 2 Date	OR	Titer Date	Titer
2 doses of vaccine, (copy of immunization record) or a blood test showing immunity.					Attach Results

Tetanus-Diphtheria and Pertussis (Tdap) – must be within 10 years	Tdap Date
Incoming students must have proof of Tdap (tetanus toxoid, reduced diphtheria toxoid and cellular Pertussis vaccine) immunization. Td(tetanus-diphtheria) does not satisfy this requirement	

Varicella (Chicken Pox)	Dose 1 Date	Dose 2 Date	OR	Titer
2 doses of vaccine or a blood test showing Immunity.				Attach Results

Clinician Printed Name: _____ Signature: _____

Date: _____

Date: 6/6/18