

Health Sciences- Respiratory Care

Immunizations and Tests Required by State Law/Clinical Facilities

Name: _____ CC ID#: _____
Program: _____ Date of Birth: _____

Measles (Rubeola): Those born on or after January 1, 1957, must show proof of either:

A. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR *See note.	Date #1 _____ Date #2 _____ (mm/dd/yy) (mm/dd/yy)
B. Record of physician-diagnosed measles OR **See note.	Date _____ (mm/dd/yy)
C. Serologic test positive for measles antibody **See note.	Date _____ Result _____ (mm/dd/yy)

Mumps: Those born on or after January 1, 1957, must show proof of either:

A. One dose of mumps vaccine on or after their first birthday OR	Date _____ (mm/dd/yy)
B. Record of physician-diagnosed mumps OR **See note.	Date _____ (mm/dd/yy)
C. Serologic test positive for mumps antibody **See note.	Date _____ (mm/dd/yy)

Rubella: All students must show proof of either:

A. One dose of Rubella vaccine on or after their first birthday OR	Date _____ (mm/dd/yy)
B. Record of physician-diagnosed Rubella OR **See note.	Date _____ (mm/dd/yy)
C. Serologic test positive for Rubella antibody **See note.	Date _____ Result _____ (mm/dd/yy)

***Combined MMR Vaccine of choice if recipients are likely to be susceptible.**

****Must be the date of diagnosis or test collection; not when primary care provider signed immunization form.
+ Vaccines administered after September 1, 1991 shall include MM/DD/YY each vaccine was given.**

Diphtheria, Tetanus (Td or Tdap):	Date _____
One dose within past 10 years at the time of application if booster required then Tdap	(mm/dd/yy)

Hepatitis B must show proof of:

A. Three doses of vaccine administered over a period of 4-6 months. Initial vaccine followed by 1 and 4-6 months vaccines respectively OR	Date #1 _____ (mm/dd/yy)
	Date #2 _____ (mm/dd/yy)
	Date #3 _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis B **See note.	Date _____ Result _____ (mm/dd/yy)

Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter B requires all students enrolled in health-related courses which will involve direct patient contact with potential exposure to blood or bodily fluids in education, medial or dental care facilities. Hepatitis B Vaccine students are required to receive a complete series of hepatitis B vaccine prior to the start of direct patient care OR show serologic confirmation of immunity to hepatitis B virus

Varicella must show proof of:

A. Two doses of Varicella vaccine administered 4-8 weeks apart OR	Date #1 _____ Date #2 _____ (mm/dd/yy) (mm/dd/yy)
B. Serologic test positive for Varicella antibody OR **See note.	Date _____ Result _____ (mm/dd/yy)
C. Physician documented history or diagnosis of Varicella **See note.	Date Disease Occurred _____ (mm/dd/yy)

*Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13).

TB Skin Test	Date #1 _____ Date # 2 _____ (mm/dd/yy) (mm/dd/yy)
**2 required by clinical sites	Results: _____ #1 #2
Chest x-ray results good for 5 years with no symptoms (2 nd test to be completed after admission to the program)	Chest X-ray results (only if TB test is positive) _____

Bacterial Meningitis Vaccination:

Texas Education Code, Section 51.9192, Subchapter Z. All entering students enrolling in classes must provide documentation they have been vaccinated against bacterial meningitis. Cost associated with this vaccination can range from as low as \$8 for individuals under 18 years of age up to \$120 for individuals above 18 years of age.

Date _____
(mm/dd/yy)

Physician or Approved Licensed Health Professional Information:

Printed Name _____

Address _____

Signature of Primary Care Provider _____ Date _____