

Cowley College

EMT-BASIC IMMUNIZATION RECORD

Name: _____

In accordance with recommendations from the Center for Disease Control, all students and faculty who participate in clinical and EMS field internship training are required to provide documented proof of immunization for the following:

IMMUNIZATIONS REQUIRED: Proof of required immunizations must be on file with the COLLEGE before the student is allowed to attend clinical training. The student must complete this form, obtain a verification signature, **AND** attach documentation to support it (copies of records, etc.).

Measles, Mumps, & Rubella (MMR) vaccination
 All students will have immunity to measles, mumps and rubella as evidenced by **any** of the following:
 (1) birth on or before January 1, 1957
 (2) physician diagnosed infections (list all dates)
 (3) documentation of two (2) measles, mumps and rubella (MMR) vaccines
 (4) documentation of a positive MMR titer

<p>#1 documentation date _____ birth date month day year</p> <p>#2 documentation dates _____ measles month day year</p> <p>_____ mumps month day year</p> <p>_____ rubella month day year</p>	<p>#3 documentation dates _____ MMR vaccine month day year</p> <p>_____ MMR vaccine month day year</p> <p>#4 documentation date _____ MMR titer month day year</p>
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<p>Tetanus/Diphtheria/Acellular Pertussis (Tdap) All students will have immunity to pertussis as evidenced by receipt of a single dose of Tdap (Adacel). Those between the ages of 19 and 64 who do not have documentation of Tdap immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.</p>	<p>_____ Tdap vaccine month day year</p> <p><i>Exempt from this category because:</i> <input type="checkbox"/> Age ≤ 19 <input type="checkbox"/> Age ≥ 64 <input type="checkbox"/> Received Tetanus vaccine within last 2 years <i>(Because exempt, see Tetanus section below)</i></p>
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<p>Tetanus vaccination All students will have documentation of a tetanus booster within the past 10 years.</p>	<p>_____ tetanus vaccine month day year</p> <p><i>Exempt from this category because:</i> <input type="checkbox"/> Received Tdap vaccine within last 10 years <i>(Because exempt, see Tetanus section above)</i></p>
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<p>Varicella Zoster (chicken pox) vaccination All students will have immunity to varicella as evidenced by any of the following: (1) physician documented history of chicken pox (2) documentation of two (2) varicella vaccines (3) positive varicella titer</p>	<p>#1 documentation dates _____ illness month day year</p> <p>#2 documentation dates _____ vaccine month day year</p> <p>_____ vaccine month day year</p> <p>#3 documentation dates _____ titer month day year</p>
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<p>Tuberculin (TB) Skin Test All students will have a negative <u>skin test or X-Ray</u> within the past year. If there is history of a positive tuberculin (TB) skin test, students must have a baseline chest x-ray within the past year AND be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis.</p> <p>Have you had any of the following (check all that apply): Unexplained fever Yes <input type="checkbox"/> No <input type="checkbox"/> Cough Yes <input type="checkbox"/> No <input type="checkbox"/> Weight loss Yes <input type="checkbox"/> No <input type="checkbox"/> Night sweats Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>#1 documentation dates _____ skin test month day year (date read) Pos <input type="checkbox"/> Neg <input type="checkbox"/> _____mm induration</p> <p>#2 documentation dates _____ provider exam month day year _____ chest x-ray month day year Result (attached) _____</p>
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IMMUNIZATIONS HIGHLY RECOMMENDED:

<p>Hepatitis B vaccination Students who have occupational exposure to patients' blood and body fluids should receive the hepatitis B vaccine. Please check one of the following: <input type="checkbox"/> I have received the hepatitis B vaccines. (See documentation.) <input type="checkbox"/> I have not received the hepatitis B vaccines.</p>	<p>_____ immunization #1 month day year _____ immunization #2 month day year _____ immunization #3 month day year</p>
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<p>Influenza vaccination Students who have clinical rotations during November to March should receive one dose of influenza vaccine annually. Please check one of the following: <input type="checkbox"/> I have received the influenza vaccine. (See documentation.) <input type="checkbox"/> I have not received the influenza vaccine.</p>	<p>_____ vaccine month day year</p>
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Verification Signature is REQUIRED (and copies of immunization records attached if possible).

I have reviewed this student's immunization record and find the information to be complete and correct to the best of my knowledge.

Signature of Health Care Provider

Date

Printed Name and Title

Release of Liability

I release Cowley College from all liability for any adverse effects which might occur as a result of these immunizations, boosters, and/or titers. I understand that Cowley College bears no financial responsibility for any of these items.

Student Signature

Date