



STUDENT IMMUNIZATION VALIDATION RECORD

STUDENT'S FULL NAME: _____

DOB: _____

COLLEGE/UNIVERSITY: _____

STUDENT ID# _____

PROGRAM OF STUDY: _____

Instructions: The Healthcare Provider reviewing the student's immunization records or providing the vaccinations, should record the exact dates each immunization was received. This form should be submitted to Tift Regional along with other required Orientation materials required as pre-requisites to beginning clinical rotations.

IMMUNIZATION	DATE	DATE	DATE	DATE	REQUIREMENTS & RECOMMENDATIONS
Tuberculin Skin Test					Annual proof of negative TST within previous 12 months OR if the person has a history of a positive TST, a chest X-ray report is required
Measles/Mumps/Rubella				Titer	Documentation of 2 MMR vaccines OR a MMR titer validating immunity. (It is recommended that the titer be drawn at least 6 months prior to starting rotations so that vaccinations can be completed if the titer does not validate immunity.)
Varicella (Chicken Pox)				Titer	Documentation of 2 Varicella vaccines OR Varicella titer validating immunity. History of disease does not meet the requirement. (It is recommended that the titer be drawn at least 6 months prior to starting rotations so that vaccinations can be completed if the titer does not validate immunity.)
Tdap					Tetanus/Diphtheria/Pertussis One adult booster after age 10 years. (even if a Td has been received within the previous 5 – 10 years, a Tdap containing the Pertussis component is required)
Hepatitis B Series				Titer	Documentation of all 3 vaccinations in the Hepatitis B series is required. It is recommended that after the series is completed a titer be completed to assure immunity.
Seasonal Influenza Vaccination					TRMC must receive by October 31 st of each academic year, documentation that the student has completed the current year's Influenza vaccination. Students not enrolled in the Fall Semester of the academic year must provide proof of vaccination to TRMC by January 15 th of the Spring semester.
Meningococcal Vaccine					Required for students who will be working in the Microbiology Lab area.
Declinations					TRMC does not accept Declinations of any vaccine requirement unless the Declination is signed by a HealthCare Provider who can document the physiological reason the vaccine cannot be given to the student. Declinations must be attached to this Validation Form at the time of submission to TRMC for clearance for clinical rotation.

Name of Clinic or Agency

Contact Information for Provider (Telephone/Email)

Print name of Healthcare Provider completing the review and validation

Date

Signature of Provider/Reviewer