

**BUCKS COUNTY COMMUNITY COLLEGE  
Practical Nursing Program**

**IMMUNIZATION RECORD**

Name of Student Candidate (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All information must be completed and signed by a physician or a certified nurse practitioner.

**I. Hepatitis "B" Vaccination Injections:**

Dates: 1st \_\_\_\_\_  
2<sup>nd</sup> (wait 1-2 months) \_\_\_\_\_  
3<sup>rd</sup> (wait 4-6 months) \_\_\_\_\_  
Booster \_\_\_\_\_

**II. Tetanus Toxoid (*Tdap or Td may be substituted and must be within 10 years*)**

Date: \_\_\_\_\_

**III. Measles, Mumps, Rubella (MMR):**

**Note:** Adults born before 1957 can be considered immune to measles/mumps/rubella. Adults born after 1957 should receive **2 doses** of MMR vaccine unless they have a medical contraindication, documentation of 2 vaccine doses, history of measles, mumps or rubella based on health care provider diagnosis, or laboratory evidence of immunity.

**Date of Immunization or Disease:**

Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_

Date of MMR Vaccine: 1<sup>st</sup> Dose \_\_\_\_\_ 2<sup>nd</sup> Dose \_\_\_\_\_

**IV. Varicella (Chicken Pox):**

Must provide one of the two evidence of immunity listed below:

- 1) Documentation of 2 doses of varicella vaccine at least 4 weeks apart.

Dates: 1<sup>st</sup> Dose \_\_\_\_\_ 2<sup>nd</sup> Dose \_\_\_\_\_

**OR**

- 2) History of chicken pox based on verification by a health care provider.

Date \_\_\_\_\_ Health Care Provider \_\_\_\_\_

Physician/Nurse Practitioner Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_