BROOKDALE COMMUNITY COLLEGE
NURSING/ALLIED HEALTH IMMUNIZATION DOCUMENTATION

To be completed and signed by student/faculty:

NAME: _____ DATE OF BIRTH: (mm/dd/yyyy)_____

STUDENT ID #: _____

PROGRAM:
- ☐ Nursing
- ☐ Respiratory Care
- ☐ Rad Technology
- ☐ Other

PHONE #:_____

SEMESTER/YR: _____ EMAIL: _____

I understand I must meet all health care requirements mandated by the NJ Dept. of Health and the JCAHO for employees of any health care facility. I understand the agency to which I am assigned may require more health data than listed below. I hereby authorize Brookdale Community College to release my health clearance and immunization documentation (including laboratory reports and immunizations waivers) to any health care agency which may require it in connection with my participation in a clinical course. I also understand that it is my responsibility to update my Annual Health Clearance form annually. I have provided the original of the required completed/signed health clearance documents and kept an additional copy for my own record.

Student Faculty/Signature:
_____

To be completed and signed by health care provider:

REQUIRED: All applicants must have titers drawn and <u>all laboratory reports must be attached</u> for: Rubeola, Mumps, Rubella, Varicella and HBsAB titers. Equivocal findings are documented as negative immunity.

TEST	RESULT
TETANUS/DIPTHERIA/PERTUSSIS (WITHIN LAST 10 YEARS)	• DATE OF LAST Td/TDAP Booster _____
RUBEOLA (measles)	• IgG TITER VALUE _____ • DOES THIS TITER CONSTITUTE IMMUNITY TO RUBEOLA? ☐ YES ☐ NO • REVACCINATION DATE IF TITER NEGATIVE OR EQUIVOCAL _____
MUMPS	• IgG TITER VALUE _____ • DOES THIS TITER CONSTITUTE IMMUNITY TO MUMPS? ☐ YES ☐ NO • REVACCINATION DATE IF TITER NEGATIVE OR EQUIVOCAL _____
RUBELLA (German measles)	• IgG TITER VALUE _____ • DOES THIS TITER CONSTITUTE IMMUNITY TO RUBELLA? ☐ YES ☐ NO • REVACCINATION DATE IF TITER NEGATIVE OR EQUIVOCAL _____
VARICELLA (chicken pox)	• IgG TITER VALUE _____ • DOES THIS TITER CONSTITUTE IMMUNITY TO VARICELLA? ☐ YES ☐ NO • REVACCINATION DATE IF TITER NEGATIVE OR EQUIVOCAL _____
HEPATITIS B	• HEPATITIS B SURFACE ANTIBODY (HBsAB) TITER_____ • DOES THIS TITER CONSTITUTE IMMUNITY TO HEPATITS B? ☐ YES ☐ NO

	• If HBsAB titers show immunity, the applicant does not need to complete the three Hepatitis vaccine series. **BUT IF HBsAB titers <u>do not</u> show immunity, 3 doses of Hepatitis B vaccine spaced over a 6 month period should be administered and a repeat titer obtained.**
	  • Dates of Vaccination: #1 _____ #2_____ #3_____
	  • HBsAB TITER AT LEAST 30 DAYS AFTER VACCINATION _____
	  • DOES THIS TITER CONSTITUTE IMMUNITY TO HEPATITS B? ☐ YES ☐ NO
	• If the applicant decides to decline the Hepatitis B vaccination, or has not completed the vaccine series, the applicant must sign the Hepatitis B Vaccination Waiver.

Signature of health care provider: _____ Date: _____
Print name: _____
License #: _____ Phone #: _____
Address:_____

Updated 3.14.16 JE