



911PROGRAMS CAREER TRAINING INSTITUTE – STUDENT IMMUNIZATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER OR CLINIC.

Name of Student: _____ Date of Birth: _____

Students: Refer to the 911Programs Immunization Policy for information regarding immunizations. Students must document either vaccination or a titer (blood test showing immunity) as described below.

VACCINE	DATE	VACCINE	DATE	Must receive TDAP at least once. TD may be used as a booster every 10 years.
TDAP (1 dose)		TD (1 dose)		

VACCINE	DATE 1 st Dose	DATE 2 nd Dose		TITER DATE	TITER RESULT
MMR (2 doses)			OR		

Varicella (chickenpox) immunity can be confirmed by Provider diagnosis of disease. Document below.

VACCINE	DATE 1 st Dose (or disease)	DATE 2 nd Dose		TITER DATE	TITER RESULT
Varicella (2 doses)			OR		

Tuberculin Sensitivity Test (aka Mantoux Test, Pirquet Test, or PPD). Positive result requires Chest X-ray. Students entering healthcare **MUST** have a 2-step PPD OR QuantiFERON (“Quantum”) Gold Test (Titer).

TEST 1	DATE of 1 st Plant	DATE Read	RESULT (mm)	OR	TITER DATE
PPD					
TEST 2	DATE of 2 nd Plant	DATE Read	RESULT (mm)		TITER RESULT
PPD					
Chest Xray (if PPD Positive) DATE:			RESULT:		

Hepatitis B vaccine given as a 2, 3, or 4 dose series depending on vaccine type and age. Must have at least started the series. Completion of series not needed to attend class or graduate.

VACCINE	Date 1 st Dose	Date 2 nd Dose	Date 3 rd Dose	OR	TITER DATE
HEP B					

COVID and Seasonal flu vaccine not required to attend class or graduate however some clinical sites require these. Failure or inability to obtain is at student’s risk and may impact training.

VACCINE	Date 1 st Dose	Date 2 nd Dose	Date 3 rd Dose		SEASONAL FLU DATE
COVID					

Provider Name / Practice _____ Phone _____

Signature/Title or Stamp _____ Date _____