

IMMUNIZATION HISTORY FORM

Basic Instructions:

- DO NOT WAIT! Submit required immunization documentation prior to Orientation and Semester Start-up! Late, incomplete, or inaccurate information may limit registration options.
- Include your Student ID number on all correspondence. Print all student information legibly (name, telephone number, and contact information). **DO NOT** include your Social Security Number on immunization documentation.
- Special consideration will be given to those with philosophical, religious, or medical reasons. Contact Nancy Burns for more information.

How to Submit:

- Email: nburns@emcc.edu
- Fax: 207-974-4683
- Mail or Drop off: Enrollment Center
Eastern Maine
Community College
354 Hogan Road
Bangor, ME 04401

Please Note: Email sent over the Internet is not necessarily secure. Please be aware that Eastern Maine Community College cannot guarantee the confidentiality or security of any information sent through the Internet when using email.

EMCC is an equal opportunity/affirmative action institution and employer. For more information, please call 207-974-4633.

Maine State law requires that all entering students furnish proof of immunization against Measles-Mumps-Rubella and Diphtheria/Tetanus.

A copy of immunization records signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of immunization administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on the form as long as the record is attached to this form. If titer tests are completed, titer results must be included with this form.

Deadlines:

- ⇒ For **applicants to the Medical Radiography program, immunizations must be on file no later than December 30 for anticipated enrollment the following fall.**
- ⇒ For all other students, the deadline is August 15 for fall semester and January 1 for spring semester.

Matriculated students not in compliance will have holds placed on accounts, which will limit registration, transcripts, and access to MyEMCC functions.

PLEASE PRINT

Name: _____

EMCC Student ID Number: _____

Date of Birth: _____

Telephone Number: _____

Program of Study: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Telephone Number: _____

Alternate Telephone Number: _____

Signature of Student: _____

Date: _____

**PLEASE SEE BACK OF FORM FOR
IMMUNIZATION REQUIREMENTS.**

All Matriculated Students!

08/18

<p>Measles-Mumps-Rubella * Two doses of each or two doses combined MMR vaccine. OR Screening tests (titers) showing immunity.</p>	<p>Dose 1: Must be after first birthday, and after 1969 _____</p>	<p>Dose 2: Must be administered at least 28 days after Dose 1 _____</p>	<p>Titer: Titer may be done in place of the two doses of MMR vaccine. Results must be included with this form. _____</p>
<p>Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/Acellular Pertussis (Tdap):</p>	<p>Dose must be administered within last ten years, and every ten years thereafter. _____</p>		
<p>Meningococcal Vaccine: (Recommended Only)</p>	<p>Dose 1: _____</p>	<p>Dose 2: _____</p>	<p>It is recommended that individuals entering college for the first time be aware of the disease and the vaccines available.</p>

In addition to immunizations above, the following are required for students enrolled in health care programs (Medical Assisting, Medical Radiography, Nursing, Surgical Technology, Phlebotomy, Certified Nursing Assistant, and Emergency Medical Services). Upon acceptance into a health care program, additional paperwork will be sent to those students requiring CPR certification, Tuberculosis Testing, and a Physical Examination.

<p>Hepatitis B Series *Series of three vaccines administered at 0, 1 and 6 months, followed by lab confirmation of immunity.</p>	<p>Dose 1: _____</p>	<p>Dose 2: _____</p>	<p>Dose 3: _____</p>
<p>Hepatitis B Titer (HBxAb) Titer must be completed 6 - 8 weeks after last dose of vaccine.</p>	<p>Titer Date: _____</p>	<p>Results must be included with this form. If not immune, it is recommended students re-start the series. Documentation of a minimum of two doses of the vaccine must be submitted prior to December 30th for Medical Radiography applicants.</p>	
<p>Varicella (Chicken Pox) Two doses of the vaccine are required. First dose after 12 months of age, with 2nd dose at least 28 days after Dose 1.</p>	<p>Dose 1: _____</p>	<p>Dose 2: _____</p>	<p>Titer: Titer may be done in place of the of the Varicella vaccines. Results must be included with this form. _____</p>
<p>(UPON ACCEPTANCE ONLY) Tuberculosis: Two-2-Step PPD tests must be done at least two weeks apart <u>prior to the start of classes.</u> If known positive PPD, documentation of a negative chest x-ray is required. One test to be done annually after initial testing.</p>	<p>Test 1: _____ Results: _____</p>	<p>Test 2: _____ Results: _____</p>	<p>Chest X-Ray: Test results must be included with this form. _____ * TB T-spot or Quantiferon Gold Testing may take the place of the two-step PPD testing. All</p>
<p>Flu Vaccine: Annual vaccine administered October through April.</p>	<p>Dose 1: _____</p>		

Signature of Health Care Provider: _____ Date: _____

Provider Contact Information: _____