

IMMUNIZATION HISTORY FORM

Basic Instructions:

- Candidates to ALL programs of study are required to provide this signed form, along with immunization materials after acceptance and prior to course registration. (Section A on back)
- Candidates to health care programs must provide this signed form, along with immunization materials required for their intended program of study prior to file review/ admission so as not to interfere with clinical scheduling. (Sections A and B on back)

How to Submit:

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.

- Email: nburns@emcc.edu
- Fax: 207-974-4672
- Mail/Drop off: Eastern Maine
Community College
Academic Affairs
Room 101, Maine Hall
354 Hogan Road
Bangor, ME 04401

Please Note: Email sent over the Internet is not necessarily secure. 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.

Rev 06/2022

PLEASE PRINT

Candidate Name: _____

EMCC Student ID Number: _____

Date of Birth: _____

Telephone Number: _____

Program of Study: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Telephone Number: _____

Alternate Telephone Number: _____

Signature of Candidate: _____

Date: _____

Maine State law requires that all entering students furnish proof of immunization against Measles-Mumps-Rubella, Diphtheria/Tetanus, and COVID-19.

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.

Special consideration will be given to those with medical exemptions. Contact Nancy Burns for more information.

Matriculated students not in compliance (by September 15 for fall and February 1 for spring enrollment) will have holds placed on accounts, which will limit registration, transcripts, and access to MyEMCC functions.

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

SECTION A: For ALL Matriculated Students Accepted To A Program Of Study!

<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. <u>Results must be included with this form.</u></p>
<p>Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/Acellular Pertussis (Tdap)</p>	<p>Dose must be administered within last <u>ten years</u>, and every ten years thereafter. _____</p>		
<p>COVID 19 Vaccine: Initial Dose(s) of COVID-19 is required of all students taking classes on the EMCC campus, and at all outreach centers). Booster is highly recommended.</p>	<p>Dose 1: _____ Manufacturer: _____</p>	<p>Dose 2: _____ Manufacturer: _____</p>	<p>Booster Dose: (RECOMMENDED ONLY) _____ Manufacturer: _____</p>
<p>Meningococcal Vaccine: (Recommended Only) Recommended that individuals entering college be aware of the disease and vaccines available.</p>	<p>Dose 1: _____</p>	<p>Dose 2: _____</p>	

SECTION B: In addition to the records required above, the following are required for candidates to health care programs (Emergency Medical Services, Medical Assistant, Medical Radiography, Nursing and Surgical Technology) as well as students taking Phlebotomy and Certified Nursing Assistant courses. 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.</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 clinical activities.</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. <u>Results must be included with this form.</u></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 TB-Gold Testing may take the place of the two-step PPD testing. All results must be included.</p>
<p>Flu Vaccine: Annual vaccine administered October through April.</p>	<p>Dose 1: _____</p>		

Signature of Health Care Provider: _____ Date: _____

Provider Contact Information: _____