

# IMMUNIZATION HISTORY FORM

## Basic Instructions:

- Students in 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)
- Students planning to take ALL coursework online and who will not utilize on campus facilities may request a waiver of the immunization requirements EACH term by contacting Rebecca Mallett. (Note that most programs cannot be completed online.)

## How to Submit:

Include your EMCC student ID number on all correspondence. Print all information legibly (name, telephone number and contact information). **DO NOT** include your Social Security Number on immunization documentation.

- Email: [rmallett@emcc.edu](mailto:rmallett@emcc.edu)
- Fax: 207-974-4683
- Mail/Drop off:  
Eastern Maine Community College  
Enrollment Center  
Katahdin Hall  
354 Hogan Road  
Bangor, ME 04401

**Important 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 1/5/2024

## PLEASE PRINT

Student Name: \_\_\_\_\_

EMCC Student ID Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_

## EMERGENCY CONTACT PERSON:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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

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.

Special consideration will be given to those with approved medical exemptions. Contact Rebecca Mallett.

**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 REVERSE SIDE FOR IMMUNIZATION REQUIREMENTS.

**SECTION A: For ALL Matriculated Students Enrolled in a Program of Study.**

<p><b>Measles-Mumps-Rubella:</b> * Two doses of each or two doses combined MMR vaccine. OR Screening tests (titers) showing immunity.</p>	<p><b>Dose 1:</b> Must be after first birthday, and after 1969 _____</p>	<p><b>Dose 2:</b> Must be administered at least 28 days after Dose 1 _____</p>	<p><b>Titer:</b> Titer may be done in place of the two doses of MMR vaccine. <b>Results must be included with this form.</b></p>
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<p><b>Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/Acellular Pertussis (Tdap):</b></p>	<p>Dose must be administered within last <u>ten years</u>, and every ten years thereafter. _____</p>
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<p><b>Meningococcal Vaccine: (Recommended Only)</b> Recommended that individuals entering college be aware of the disease and vaccines available.</p>	<p>Dose 1: _____</p>	<p>Dose 2: _____</p>
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<p><b>COVID 19 Vaccine: (Recommended Only)</b> EMCC highly recommends staying up-to-date with COVID 19 vaccinations. Vaccines/boosters are the best tool we have to prevent infection and serious illness.</p>	<p>Dose 1: _____ Manufacturer: _____</p>	<p>Dose 2: _____ Manufacturer: _____</p>	<p>Booster Dose: _____ Manufacturer: _____</p>
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**SECTION B: In addition to the records required above, the following are required for students in 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. Incomplete documentation may limit clinical activity.**

<p><b>Hepatitis B Series</b> *Series of three vaccines administered at 0, 1 and 6 months.</p>	<p><b>Dose 1:</b> _____</p>	<p><b>Dose 2:</b> _____</p>	<p><b>Dose 3:</b> _____</p>
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<p><b>Hepatitis B Titer (HBxAb)</b> Titer must be completed 6 - 8 weeks after last dose of vaccine.</p>	<p><b>Titer Date:</b> _____</p>	<p><b>Results must be included with this form.</b> 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>
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<p><b>Varicella (Chicken Pox)</b> 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><b>Dose 1:</b> _____</p>	<p><b>Dose 2:</b> _____</p>	<p><b>Titer:</b> Titer may be done in place of the of the Varicella vaccines. <b>Results must be included with this form.</b></p>
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<p><b>Tuberculosis:</b> Two-2-Step PPD tests must be done at least two weeks apart <u>prior to the start of classes.</u> <sup>^</sup><i>If known positive PPD, documentation of a negative chest x-ray is required. One test to be done annually after initial testing.</i></p>	<p><b>Test 1:</b> _____ <b>Results:</b> _____</p>	<p><b>Test 2:</b> _____ <b>Results:</b> _____</p>	<p><b>^Chest X-Ray:</b> 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>
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<p><b>Flu Vaccine:</b> Annual vaccine administered October-April.</p>	<p><b>Dose 1:</b> _____</p>
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Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Contact Information: \_\_\_\_\_