# IMMUNIZATION FORM

<table>
<thead>
<tr>
<th></th>
<th>Date of Immunization</th>
<th>If Seropositive, Date of Positive Titer (Attach Lab Results)</th>
<th>Doctor’s Signature or Health Center Signature valid only if injection was given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Measles – 2 doses since 01/01/68 or positive Titer; Exempt if born on or before 01/01/1957</td>
<td>#1</td>
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<td>2. Mumps – 1 dose if born on or after 01/01/57; or positive Titer; Exempt if born on or before 01/01/1957</td>
<td>#2</td>
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<td>3. Rubella – 1 dose or positive Titer</td>
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<tr>
<td>4. Tetanus/diphtheria/pertussis (Tdap) – 1 dose within past 10 yrs.</td>
<td>DOES NOT APPLY</td>
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<tr>
<td>5. Varicella (chickenpox) - 2 doses or positive Titer</td>
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<tr>
<td>6. Hepatitis B series</td>
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<tr>
<td>7. Influenza- 1 dose within past 12 months</td>
<td>DOES NOT APPLY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Two ways to submit immunizations: (1) Use this form, each line requires a doctor’s signature or verification from your health center and date of immunization or dates of lab results indicating positive titer (seropositivity) required. You must include the lab results. (2) Or immunization records recorded on a separate document such as a hospital printout/health department card.

# TUBERCULOSIS SCREENING

Documentation requires a physician’s signature or verification from the Health Center.

**Intradermal PPD (Mantoux)** - within six (12) months unless previously positive

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
</table>

Physician’s Signature

**Chest x-ray** - within one (1) year if PPD positive (Must also include positive PPD verification above.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
</table>

Physician’s Signature
I NEED MORE INFORMATION ON IMMUNIZATION REQUIREMENTS

Immunizations for CE Health Careers Students

In order to comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now in force for students in El Centro College Continuing Education Health Careers courses and programs. Health Careers students must present the following documentation with their application:

I. Immunization Record Form

An immunization record form is included with this information sheet. The completed form verified by a physician or nurse practitioner will document dates of all required immunizations and/or date of a positive titer result for each.

NOTE: If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Physical Examination and Immunization Record form.

A. Tuberculosis Screening
An intradermal PPD (Mantoux) "skin" test is required for all applicants. The PPD must be current within (12) months of the applicant’s anticipated entry into a Health Careers course. If the PPD indicates a positive reaction, documentation must indicate the induration of the test site and the applicant must also obtain a chest x-ray verifying the absence of active disease. The chest x-ray must be current within one (1) year of program entry. The chest x-ray will then be valid for two (2) years while the student is enrolled. Individuals who have received the BCG injection or who have a history of tuberculosis or a positive PPD result should obtain a chest x-ray rather than the PPD.

B. Immunizations
An applicant must have completed the following immunizations according to the indicated guidelines and schedules. Documentation of a titer (blood test) with specific lab values verifying immunity or seropositivity is also accepted for Measles, Mumps, Rubella, Varicella and Hepatitis B.

1. Measles – Two (2) doses of measles ("rubeolla") vaccine is required either in a separate injection or in combination with mumps and rubella ("MMR"). Both measles immunizations must have been received after January 1, 1968. Individuals who were born prior to 01/01/1957 are exempt from the measles immunization requirements.

2. Mumps – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella ("MMR"). Individuals who were born prior to 01/01/1957 are exempt from the mumps immunization requirement.

3. Rubella – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps ("MMR"). There is no exemption from the rubella immunization requirement for individuals who were born prior to 01/01/1957.

4. Tetanus/Diphtheria/Pertussis (“Td”) – One (1) dose of Tdap is required within the past ten (10) years. The documentation must clearly indicate that a Tdap was received. NOTE: a standard Tetanus or Tetanus/Diphtheria (Td) is not accepted.

5. Varicella (chickenpox) – Two (2) doses of varicella vaccine are required or documentation of a positive titer (blood test) with lab values report. NOTE: A statement from a physician or parent indicating the student's previous varicella disease history is no longer accepted.
6. Influenza – One dose of a flu vaccine is required within twelve (12) months of anticipated entry to health program.

7. **Hepatitis B series** – Three (3) doses of Hepatitis B vaccine are required per the timetable
   
   Initial dose
   2<sup>nd</sup> dose one month after the initial dose
   3<sup>rd</sup> dose five months after the second dose

   If an applicant fails to adhere to the above schedule, the series may have to be repeated.

II. **Exceptions**

Exceptions from meeting certain immunizations requirements are allowed for such circumstances as medical conditions, religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

A. **Medical Exceptions**

The applicant must present a statement signed by their physician with personal knowledge of the applicant's medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form to accompany the physician's statement.

Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with an applicant's Physical Examination and Immunization Record form.

B. **Exceptions Based on Religious Belief/Reasons of Conscience**

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant's full name and date of birth. The written request must be mailed to the following agency:

Texas Department of Health
Bureau of Immunization and Pharmacy Support
1100 West 49<sup>th</sup> Street
Austin Texas  78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for the exception. The affidavit will be valid for a two-year period. The signed affidavit must be submitted with the applicant's Physical Examination and Immunization Record form.

**NOTE:** These exemptions may not be recognized by all hospital affiliates at which health students are assigned for their clinical experiences. A student may be required to receive all screenings and immunizations for a health care facility.
The following clinics may have low cost vaccines available. These are suggested clinics you may call to inquire about immunizations. Feel free to contact your doctor and/or search for other low cost immunizations in your community.

Dallas County Health & Human Services  
2377 N Stemmons Fwy Dallas, TX 75207  
(214) 819-2000  
*Flu shots for $10.00

Los Barrios Unidos Community Clinic  
809 Singleton Blvd Dallas, TX 75212  
(214) 651-8739

The Martin Luther King, Jr. Family Clinic  
2922 Martin Luther King Jr Blvd Dallas, TX 75215  
(214) 426-3645

City of Mesquite Health Clinic  
972-329-8326.  
http://www.cityofmesquite.com/Community_services/

Mission East Dallas  
9706 La Prada Drive Dallas, TX 75228  
(214)-393-6700