

All 6 immunizations below must be completed/dated by medical office personnel and documentation attached for each one to this form
This form must include the health care provider's official office stamp



IMMUNIZATION/HEALTH FORM

Please Print Name _____ Date of Exam _____

Phone Number _____

HEALTH STATUS: *Please check ONE* (see back of form for minimal requirements)

Is physically able to attend class and participate in the activities associated with the campus laboratory and hospital experience of the Butler Tech Nursing Program.

Is NOT physically able to attend class and participate in the activities associated with the campus laboratory and hospital experience of the Butler Tech Nursing Program.

(Please explain) _____

1. T.B. - Two-Step Mantoux T.B. Skin Test

_____ (1st test)

_____ (2nd test)

OR

Up-to-Date One-Step Annual (if applicable)

_____ (annual date)

OR

Negative chest x-ray (only if past history positive test)

_____ (date of X-Ray)

2. MMR – Measles, Mumps, Rubella

_____ (date)

OR

Measles Immunity Titer: Results _____

AND

Mumps Immunity Titer: Results _____

AND

Rubella Immunity Titer: Results _____

3. Chickenpox (documented history)

Results _____ (date)

OR

Chickenpox (Immunity Titer:

Results _____ (date)

if negative immunity the chicken pox immunizations are required

4. Tetanus – Td/Tdap (within the last 10 years)

_____ (date)

(turn over)

5. Hepatitis B Vaccine (*first 2 shots must be completed prior to entering clinical sites*)

3rd shot within 6 months of 1st shot (do not wait until the last minute to do)

#1 shot date _____ #2 shot date _____ # 3 shot date _____

OR

Hepatitis B Titer: Results: _____

6. Flu Shot _____ (date)

MEDICATIONS: (*Please list with dosage and frequency*)

I have reviewed the health record of _____
and certify that he/she has met **ALL** of the above requirements.

Signature – Family Physician/Healthcare Provider

Date & **Official Provider Stamp here**

Please return to: **Health Services Programs
Butler Tech
101 Jerry Couch Boulevard
Middletown, OH 45044**

NOTES _____
