



**Butler Tech Bioscience Center
Medical Requirements Record**

Student Last Name

First Name

Middle

Street Address

City

State/Zip

Health Requirements

Attach documentation (shot records/labs) of Immunization records for all of the following:

- ☐ COVID (vaccination card or shot record)
- ☐ Negative two-step TB test OR lab result of QuantiFERON TB Gold Blood Test
- ☐ MMR Vaccination #1 and #2 OR Tier lab results
- ☐ Varicella Vaccination #1 and #2 OR Titer lab results
- ☐ TDAP Vaccination
- ☐ Hep B #1, #2, and #3 Vaccination OR Hep B Surface Antibody results
- ☐ Flu Shot (any time after August 30, 2025)



Covid Vaccine (may be required)

Name of manufacturer: _____

Date of COVID Vaccine #1: _____

Date of COVID Vaccine #2: _____



Tuberculosis Testing (TB): *Must complete 1 of the 3 options below.*

1. Two-step Mantoux TB Skin Test

1st Test Administrative Date: _____
 Date read: _____ Results: _____

2nd Test Administrative Date: _____
 Date read: _____ Results: _____

2. QuantiFERON TB Gold blood test

Date of Test: _____ Results: _____



3. Chest X-ray (if you tested positive for TB before)

Date of Test: _____

Results: _____

☐

MMR – Measles, Mumps, Rubella – *Titer documenting immunity or documentation of 2 MMR Vaccines*

Date of MMR Titer: _____

Results: _____

OR

Date of MMR Vaccine #1: _____

Date of MMR Vaccine #2: _____

☐

Varicella (chicken pox) – *Titer or documentation of 2 Varicella Vaccines*

Date of Varicella Titer: _____

Results: _____

OR

Date of Varicella Vaccine #1: _____

Date of Varicella Vaccine #2: _____

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Tetanus, Diphtheria, Pertussis (Tdap) Vaccine

Date of Tdap Vaccination: _____

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Hepatitis B Vaccine – *Titer documenting immunity or documentation of 3 Hep B Vaccines*

Date of Hep B Titer: _____

Results: _____

OR

Date of Hep B Vaccine #1: _____

Date of Hep B Vaccine #2: _____

Date of Hep B Vaccine #3: _____



- ☐ **Flu Vaccine** – *given between August 30, 2025 and October 15th, 2025*
Students must turn in their flu shot vaccination record by October 20th to be eligible for clinicals beginning November 1st. Flu vaccines are required from Nov 1st through the end of the year.

Date of Flu Vaccination: _____

Please attach the student's complete vaccination record to this document.

All students must return vaccination paperwork even if vaccination

Medical Facility

Physician's Signature

Date

Street Address

City

State Zip

Telephone