

Butler Tech Bioscience Center Medical Requirements Record

treet Address		City	State/Zip
h Require	nents		
documentation and the second	on (shot records/lat	bs) of Immunization records for	or all of the following:
Negative two MMR Vacci Varicella Va TDAP Vacc Hep B #1, #2	o-step TB test OR 1 nation #1 and #2 O ccination #1 and #2 ination 2, and #3 Vaccinati	ab result of QuantiFERON T R Tier lab results 2 OR Titer lab results on OR Hep B Surface Antibo	
	· •	- /	
Date of COV	/ID Vaccine #2:		
Tuberculo	osis Testing (TB): Must complete 1 of the 3 o	ptions below.
1. Two-ste	p Mantoux TB Sk	in Test	
1 st Test			Results:
2 nd Test	Administrative I Date read:	Date:	Results:
	documentation COVID (vac Negative two MMR Vacci Varicella Va TDAP Vacci Hep B #1, #2 Flu Shot (any Covid Vac Name of man Date of COV Date of COV Tuberculo 1. Two-ste 1 st Test	COVID (vaccination card or she Negative two-step TB test OR 1 MMR Vaccination #1 and #2 O Varicella Vaccination #1 and #2 TDAP Vaccination Hep B #1, #2, and #3 Vaccination Flu Shot (any time after August Covid Vaccine (may be re Name of manufacturer: Date of COVID Vaccine #1: Date of COVID Vaccine #2: Tuberculosis Testing (TB 1. Two-step Mantoux TB Ski 1 st Test Administrative I Date read: 2 nd Test Administrative I	documentation (shot records/labs) of Immunization records for COVID (vaccination card or shot record) Negative two-step TB test OR lab result of QuantiFERON TH 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 Antibox 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 or 1. Two-step Mantoux TB Skin Test 1 st Test Administrative Date: Date Test Administrative Date:

Date of Test: _____

Results:



Date of Test:	Results:
MMR – Measles, Mumps, Rube documentation of 2 MMR Vaccines	lla – Titer documenting immunity o
Date of MMR Titer:	Results:
OR	
Date of MMR Vaccine #1:	
Date of MMR Vaccine #2:	
Varicella (chicken pox) – Titer or d	locumentation of 2 Varicella Vaccin
Date of Varicella Titer:	Results:
OR	
Date of Varicella Vaccine #1:	
Date of Varicella Vaccine #2:	
Tetanus, Diphtheria, Pertussis (T	'dap) Vaccine
Date of Tdap Vaccination:	
Hepatitis B Vaccine – Titer docum documentation of 3 Hep B Vaccines	enting immunity or
Date of Hep B Titer:	Results:
OR	
Date of Hep B Vaccine #1:	



Flu Vaccine – given between August 30, 2025 and October 15 th , 2025 Students must turn in their flu shot vaccination record by October 20 th to be eligible for clinicals beginning November 1 st . Flu vaccines are required from Nov 1 st through the end of the year.						
Date of Flu Vaccination:						
Please attach the student's complete vaccir	nation record to this docu	ment.				
All students must return vaccination paperwork ev	ven if vaccination					
Medical Facility	Physician's Signature	Date				
Street Address						
City State Zip Telephone						