Student	ID	#	

Required Immunizations Southeast Tech Health and Human Services Programs Sioux Falls, SD

Student Name:		
Last	First	Middle
Social Security Number: <u>XXX</u> - <u>XX</u>	·	
Southeast Tech Program		

Mandatory Immunizations (If not performed at the time of the physical exam, <u>documentation</u> is required)

2-Step PPD (mantoux) Tuberculosis (TB) Test (within past year)

Date of 1 st test:	Results:
Date of 2 nd test:	Results:

If positive, documentation of treatment and proof of inactive status is required. If know converter, chest x-ray less than twelve (12) months old upon entry into clinical with completion of a Center for Disease Control (CDC) TB Questionnaire annually thereafter.

MMR (Measles, Mumps, Rubella): (Check all that apply – must complete at least one of the three options)

Initial MMR immunization Date:	Booster Date:	
or		
Have proof of adequate measles titer	Date:	Results:
Have proof of adequate mumps titer	Date:	Results:
Have proof of adequate rubella titer	Date:	Results:
(<u>if titer completed attach copy of</u>	`lab results)	
or		
Has a physician-documented case of measles	Date:	
Has a physician documented case of mumps	Date:	
Has a physician-documented case of rubella	Date:	

FLU Vaccination (Required during Flu season) -Current seasonal flu vaccination Date vaccinated:

*	Chicken	Pox (Varicella	(Please check one of the following)
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Have proof of adequa					<u>suus</u>)	
Date: Have 2 doses of Var			5			
Dates vaccinated: 1st			2nd_			
Tetanus and Dip	ohtheria	(Tdap)				
Date: Initial	Mos	t Recent]	Booster			
*vaccinati	on must be	within t	he last 1	0 years		
 Hepatitis B (HB) 	V) (Please c	heck one	of the foll	owing)		
Have proof of adequa	•				results)	
Date:	-					
Have 3 doses of Hep						
Dates vaccinated:						
#1	#2			#3		
<u>Examiner's Signature</u>	Ex	aminer'	<u>s Name</u>	<u>(Print)</u>	<u>Date</u>	
Licensed as a (circle on	e): MD	DO	PA	ARNP	CNP	CNM
License Number:			State/Co	untry Licer	nsed:	
Telephone: ()						
Address:						
Street			City		State	Zip

* Attention Southeast Tech Student: Return this completed form to Clorinda Beitelspacher, Affiliate Coordinator located Health Science Center, Office HC200D, Fax 605-367-6108