

**COLUMBUS STATE COMMUNITY COLLEGE  
SUPPLEMENTARY IMMUNIZATION RECORD**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

PROGRAM \_\_\_\_\_ COUGAR ID# \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT**

**THE FOLLOWING IMMUNIZATIONS ARE REQUIRED:**

1. **Hepatitis B:** Dates of Hepatitis B immunization: #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_ (Must have immunizations #1 and #2 completed before submitting health record and final immunization completed on schedule.)

**OR**

\*Date and results of hepatitis B **surface antibody** \_\_\_\_\_

NOTE: If the surface antibody is negative, the student must receive the immunization series.

2. **MMR:** Date of first immunization \_\_\_\_\_ Date of second \_\_\_\_\_

**OR**

\*Date and results of Rubeola IGG titer \_\_\_\_\_, \*Mumps IGG titer \_\_\_\_\_,

\*Date and results of Rubella IGG titer \_\_\_\_\_.

NOTE: If titer is negative, the student must receive the immunization series.

**DO NOT RECEIVE MMR IMMUNIZATION WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST.** The measles component invalidates the tuberculosis test, so you would have to repeat the tuberculosis testing which may delay your ability to register into your program.

3. **Chickenpox/Varicella:** Date of first immunization \_\_\_\_\_ Date of second \_\_\_\_\_  
Both immunizations required before submitting health record.

**OR**

\*Date and results of varicella **IGG** titer \_\_\_\_\_

**HISTORY OF DISEASE/ILLNESS IS NOT ACCEPTABLE DOCUMENTATION!**

**DO NOT RECEIVE THE VARICELLA IMMUNIZATIONS WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST.**

4. **Tdap:** (Tetanus and Whooping Cough): Date of immunization within past 8 year's \_\_\_\_\_

5. **Flu Vaccine:** \_\_\_\_\_ (CURRENT SEASONAL FLU REQUIRED)

**\*\*\*Must provide current lab work for series 20 years or older\*\*\***

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_