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CRANFORD CAMPUS
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ELIZABETH CAMPUS
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PLAINFIELD CAMPUS
(908) 412-3599

SCOTCH PLAINS CAMPUS
(908) 889-2483

Phlebotomy Technician Certificate Program
Immunization Record

Student Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Emergency Contact _____ Phone _____

IMMUNIZATION IS MANADATORY FOR PARTICIPATION IN CLINICAL INSTRUCTION

HEPATITIS B:	Dates: 1 _____	or TITER DATE _____	
	2 _____		
	3 _____	RESULTS: Immune Yes _____	No _____

MEASLES:	TITER DATE: _____	RESULTS: Immune Yes _____	No _____

MUMPS:	TITER DATE: _____	RESULTS: Immune Yes _____	No _____

RUBELLA:	TITER DATE: _____	RESULTS: Immune Yes _____	No _____

Latex Allergy: YES _____ NO _____
If yes, MD must provide patient with information on risk factors.

VARICELLA Titer: Date: _____ RESULTS: Immune Yes ___ No ___

VARIVAX: Date _____ Date _____

TETANUS: Date _____ (within 10 years)

MANTOUX TESTS -- PPD

1. DATE MANTOUX #1 _____ RESULTS _____

Or Documentation of negative Mantoux within 12 months is attached.

If positive, a second mantoux is required. Date: _____ RESULTS _____

MANTOUX-POSITIVE RESULTS

If continued positive after both Mantoux 1 & 2, a current chest x-ray is required and the results must be documented on this form. Treatment required if person is under age 35.

DATE OF CHEST X-RAY _____

RESULTS: _____ MD initials _____

Physician Certification

I certify that this patient has received the appropriate vaccinations/inoculations, is immune and medically able to participate in all **CLINICAL** activities without restriction as a student at Union County College.

MD/APN SIGNATURE _____ Print Physician Name _____ DATE _____

LICENSE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE _____