



Vaccine / Immunization Form

Name : _____
Date of Birth _____
Last 4 SS# _____

IMMUNIZATION s

*We **must** have **official documentation** (Administration Records) of the following **or** have below filled out:*

- Tetanus- (Tdap*)** Proof of Administration (Date/Lot #./Admin Documentation) in last 10 yrs

Vaccine	Lot	Exp Date	Location	Administrator	Date
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- Current Flu** - Proof of Administration (Date/Lot #./Admin Documentation)

Vaccine	Lot	Exp Date	Location	Administrator	Date
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TUBERCULOSIS SCREENING

PPD/Chest X-ray must be obtained within 30 days of starting the program

We must have official documentation (Administration Records) of the following or have below filled out:

The Tuberculosis (TB) testing is a 2-step process. **Both* steps MUST be completed prior to starting clinical.**

First step:

PPD skin test administered with result read within 48-72 hours.

- #1 PPD** (Date Admin) _____ Site _____ Administered by _____

(Date Read): _____ (Results): _____ Read by _____

*** Second step: 3 weeks later**

PPD skin test administered again with result read within 48-72 hours.

- #2 PPD** (Date Admin) _____ Site _____ Administered by _____

(Date Read): _____ (Results): _____ Read by _____

** If you have a documented TB test that was conducted within the last year (and can provide a copy of the results) then only the 1st step of the process must be completed. The documented TB test results must be submitted to Fred Eberle Technical Center – LPN Coordinator.*

- Chest X-Ray** Results (provide copy of documentation)