

Health Record

STUDENT INFORMATION

Name _____ Social Security Number _____ - _____ - _____
 Program _____ Instructor _____

HEPATITIS B VACCINE STATUS

- I have previously received the complete Hepatitis B vaccine series on or about these dates.
 ____/____/____ ____/____/____ ____/____/____
- I received the Hepatitis B vaccine series about 7 years ago, now I plan to get the titer at my own expense. I understand that until I get the titer, I am still at risk of acquiring the Hepatitis B virus (HBV) infection.
- I plan to get the Hepatitis B vaccine series. I understand the risks and benefits of the Hepatitis B vaccine. I further understand that I am responsible for payment of injections. I understand that until my vaccine series is complete, I am still at risk of acquiring the Hepatitis B virus (HBV) infection.
- I have read and understand the following statement; and I do not plan to get the Hepatitis B vaccine at this time.

"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. However, I do not plan to get the Hepatitis B vaccination at this time. I understand that by not being vaccinated, I continue to be at risk of acquiring Hepatitis B, a serious disease."

TB (Tuberculosis Screening) / MMR (Measles-Mumps-Rubella)

Date of last TB skin test: ____/____/____ Never Taken
 Results Negative Positive
If positive Date of last chest film: ____/____/____ Attach a copy of interpretation
 MMR (Measles – Mumps – Rubella) Date: ____/____/____ Positive Titer Date: ____/____/____

Communicable Diseases

- No, I do not have any communicable diseases (i.e. MRSA, flu, etc) that could affect the health and safety of others.
- Yes, I do suspect, been diagnosed or have tested positive for a communal disease.

If Yes; please describe: _____

Acknowledgement

The information here is accurate and complete to the best of my knowledge. I also understand that if I acquire a communal disease while in school, I am to report it to a school official. Depending on disease and diagnosis, I may be asked to leave school for the health and safety of the students, staff, and faculty until released by a physician.

Student Name (please print)	Student Signature	Date ____/____/____
College Official (please print)	College Official Signature	Date ____/____/____