

**ODESSA COLLEGE - ASSOCIATE DEGREE NURSING
IMMUNIZATION SUMMARY FOR STUDENT FILE**

Student Name: _____ **DOB:** _____ **Social Security Number :** _____

Immunizations required by the State of Texas, Odessa College, and/or clinical affiliates.

IMMUNIZATION	DATE	COMMENTS
Tetanus/Diphtheria		Must have had one dose within last ten years.
Rubella (German Measles)		Must have one dose of vaccine* <i>or</i> show immunity on a screening titer. Date and result of titer: _____
Rubeola (Measles)	First Vaccine _____ Second Vaccine _____	If born on or after January 1, 1957, need proof of <i>two</i> doses of vaccine* at least 30 days apart. Vaccine must have been administered after the first birthday. If born before January 1, 1957 must have proof of <i>one</i> dose of vaccine administered after the first birthday. In lieu of vaccine(s) a screening titer may demonstrate immunity. Date and result of titer: _____
Mumps		Must have one dose of vaccine* <i>or</i> show immunity on a screening titer. Date and result of titer: _____
Hepatitis B	First Dose _____ Second Dose _____ Third Dose _____	Series of three doses is required. Sequencing requirement 1 dose; 2 nd dose 1 month later; 3 rd dose no less than 4 months from 1 st . Immunity on a screening titer is acceptable in lieu of vaccine dates. Date and result of titer: _____
Polio	Series completed _____	All students are encouraged to ascertain immunization to polio. Polio vaccine is not required but would be recommended if immunity does not exist.
Chicken Pox (Varicella)	First dose _____ Second dose _____ <i>One</i> dose is sufficient if given prior to 13 years of age.	In lieu of vaccine(s) verbal history of Chicken Pox disease is acceptable. States ____ Yes ____ No regarding history. History must be validated in writing by a parent, physician or school nurse. ____ Documentation on file Immunity on a screening titer is acceptable in lieu of vaccine date(s) or history. Date and result of titer: _____

*The Texas Health Department recommends that the MMR vaccine (Measles-Mumps-Rubella) be given.

Tuberculosis Skin Test (PPD) If exempt from skin testing need chest x-ray result on file dated no later than 12 months prior to program admission.	First year	Second year
	Date and result _____	Date and result _____
	Date and result of chest x-ray if required: _____	

Date of Staff Review: _____ Staff Signature _____

Follow-up Required: _____

