For admission to COLLEGE OF SOUTHERN IDAHO SURGICAL TECHNOLOGY PROGRAM and report the following immunization information:

### IMMUNIZATION RECORD:

#### Hepatitis B

1st ____________________  Titer date and results: ______________________

2nd ____________________

3rd ____________________

#### Tdap or TD (circle one) (TD if hypersensitivity to Tdap)

#### Measles Mumps Rubella (check all that apply to prove of immunity)

- (a) Persons born prior to January 1, 1957; or
- (b) Physician documented history of measles, mumps, and rubella disease; or,
- (c) Blood titer confirmation of measles immunity; or,
- (d) A documented receipt from a physician or health facility that two doses of measles vaccine administered after 12 months of age with at least one immunization after 15 months of age.

**Immunization Dates**

1st ____________________  Titer date and results: ______________________

2nd ____________________

#### Varicella-Chickenpox (check all that apply to prove of immunity)

- (a) Documented history of chickenpox
- (b) A documented receipt from a physician or health facility that varicella vaccine administered on or after 12 months of age.
- (c) Blood titer confirmation of immunity

**Immunization Dates**

1st ____________________  Titer date and results: ______________________

2nd ____________________

#### Meningococcal

- (a) A documented receipt from a physician or healthcare facility that at least one single dose of meningococcal vaccine has been administered on or after 11 year of age.

**Immunization Dates**

1st ____________________

2nd ____________________

**REQUIRED** PPD Tuberculin Skin Test (*current test must last until program completion*)

Submit the results document with your portfolio
**2-Step (PPD/Mantoux) TB Skin Test and Chest X-ray Instructions**

**How do I get the 2-step TB skin test?**
1. Get the TB skin test administered with date and signature documentation.
2. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).
3. If this was the first TB skin test you have ever had in performed in your lifetime you will need to have an additional TB skin test administered no sooner than 1 week from the 1st test and no later than 2 weeks after the first test.
4. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).
5. **Submit the results in your portfolio**

**If your TB test is positive … you must take the following steps**
- If you receive a positive TB skin test, you will need a Chest X-ray to determine whether or not you have active TB.
- If you have previously tested positive for TB and have a Chest X-ray that is completed within the last 4 years, you may turn in that documentation.

*Note: Once you test positive for TB you will always test positive. Therefore, from that point on you will need to get a Chest X-ray every 4 years.*

**Complete the following section, type or print clearly.**

<table>
<thead>
<tr>
<th>First Name (in box below)</th>
<th>MI</th>
<th>Last Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior positive TB skin test Date:</td>
<td>Treated for latent TB infection (circle one)</td>
<td>Prior TB disease (circle one)</td>
<td>Received BCG vaccine (circle one)</td>
</tr>
<tr>
<td>Induration________mm</td>
<td>Yes</td>
<td>No</td>
<td>Yes, date_______</td>
</tr>
<tr>
<td>If prior positive provider will follow CDC protocol for further testing</td>
<td>If yes provider will follow CDC protocol for further testing</td>
<td>If yes provider will follow CDC protocol for further testing</td>
<td>If yes provider will follow CDC protocol for further testing. TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date PPD #1 administered</th>
<th>Date PPD #1 read</th>
<th>Results</th>
<th>PPD read by print and sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_______mm</td>
<td>0mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date PPD #2 administered</th>
<th>Date PPD #2 read</th>
<th>Results</th>
<th>PPD read by print and sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_______mm</td>
<td>0mm</td>
</tr>
</tbody>
</table>

**Chest X-ray (only if performed for positive PPD)**

<table>
<thead>
<tr>
<th>CXR needed</th>
<th>CXR results (circle all that apply)</th>
<th>Comments (circle one)</th>
<th>Date and evaluator signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CXR on file (circle one)</td>
<td>Negative</td>
<td>Abnormal Consistent with TB</td>
<td>Referred for follow up medical evaluation. Provided written notification of results.</td>
</tr>
</tbody>
</table>

*Print evaluator name:*