

## APPENDIX H

### MCC HEALTH CAREERS: IMMUNIZATION REQUIREMENTS

This document is for reference only. Submit an electronic copy of the original up-to-date documents through the student portal. PLEASE KEEP YOUR ORIGINALS.

**ITEM A: Tuberculin (TB)** - Date and proof of the appropriate records within the last year.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Negative PPD **OR** Documentation from health care provider  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Negative Chest X-ray  
\_\_\_\_\_ TB blood test denoting negative findings

**ITEM B: Influenza Vaccine (Flu)** - Date and proof of the appropriate records

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Date and proof of the appropriate records in the influenza season. An up-to-date influenza vaccine is required annually.)

**ITEM C: Hepatitis B** - Date and proof of the appropriate records

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Completion dates of first Hep B vaccine series of 3 doses

**AND** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive Hep B titer (also needed)

\*\* (Individuals who have a negative Hepatitis B titer after completing the Hep B vaccine series, must have another series of the vaccine (3 shots) and repeat titer - total of 6 shots and 2 titers.)

**ITEM D: TETANUS** - Date and proof of the appropriate records (Must have been within last 10 years) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ITEM E: \*\*Rubella (German measles)** - Date and proof of one of these appropriate records

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive rubella titer **OR** dates of two doses of MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

**ITEM F: \*\*Rubeola (Hard measles) - Date and proof of one of the appropriate records**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive rubeola titer **OR** dates of two doses of MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

**ITEM G: \*\*Mumps - Date and proof of one of the appropriate records**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive mumps titer **OR** dates of two doses of MMR

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date

**\*\*A part of MMR [measles {Rubeola}, mumps, and Rubella). If a killed measles vaccine was given from 1963 until 1967 and a killed mumps vaccine from 1950 until 1978 then the killed vaccines should be considered ineffective and repeated when antibody tests show the individual is susceptible. If you have questions, please ask your doctor.**

**ITEM H: Chicken Pox/Varicella - Date and proof of one of the appropriate records (two doses of Varicella)**

First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR** Positive Varicella Titer \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **OR** Documentation by physician of disease history with supporting dates.

**ITEM I: Covid-19 Vaccine- Date and proof of vaccination(s)**

Vaccine Manufacturer: \_\_\_\_\_

First Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Dose Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_