TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
CROSSVILLE

IMMUNIZATION RECORD

NAME____ PIN NAME ☐☐☐☐☐

Use this form to report your immunizations. It must be signed by the health facility representative for it to be considered an official document. Copies of documentation should be stapled behind this form. Failure to complete and document this form may result in denial of entrance into the program. Any questions should be directed to:
Practical Nursing – Rhonda Potter, 931/484-7502 x138. Surgical Technology - Melissa Pelfrey, 931/484/7502 x119.

CHECK APPROPRIATE BOX

MMR: MEASLES (Rubeola), **MUMPS**, & **RUBELLA** Must reflect 2 vaccinations since 1979 or proof of immunity; not required if born before 1957.

☐ Born before 1957 ______________________ Birth date

or

☐ Immunized with MMR twice (1) ______________________ Date (2) ______________________ Date

or

☐ Positive titer ______________________ Date

and

TETANUS – Needed every 10 years ______________________ Date

and

T.B. SKIN TEST – Required annually or chest x-ray ______________________ Date ______________________ Results

CHICKENPOX (1)______________________ Date (2)______________________ Date

and

HEPATITIS B – Highly recommended but optional at this time for PN; required for ST. This is to acknowledge that I have been informed by the TCAT staff of the risks of acquiring Hepatitis B due to the nature of my professional responsibilities in the program. I have also been informed of the benefits of receiving the vaccination for protection against Hepatitis B.

☐ Series of three (3) immunizations completed ________________ Date ________________ Date ________________ Date

or

☐ In the process of receiving vaccination. List dates above of any received.

or

☐ Declines vaccination at this time.

Cumberland Medical Center requires flu vaccine before clinical.________________ Healthcare Signature ____________ Date

______________________ Date ______________________________ Signature of Health Facility Representative/Name of Facility

______________________ Date ______________________________ Signature of Applicant