

**BARTON COUNTY COMMUNITY COLLEGE
ALLIED HEALTH PROGRAMS**

Immunization Checklist

Student Name _____
Last First Middle

Submit physical proof of documentation verifying either the date of immunization(s) or titer for ALL immunizations listed below.

1. Tuberculin (TB) Yearly Skin Test: one within the past year

Note: If student has a positive reaction, results of current chest x-ray must be submitted. **Student must provide documentation** of yearly TB test or results of a two-step TB test.

2. Tetanus/Diphtheria: one within past ten years

3. MMR (measles, mumps, rubella): Must have two MMRs or documented positive titer.

4. Chicken Pox: Varicella or titer

5. Hepatitis B Vaccine Series or titer

NOTE: Some hospitals require other immunizations, like the flu shot, so depending on when and where you complete your clinicals, you may be required to have additional immunizations.