

Note: Documents must be uploaded for verification.

Instructions and checklist for Compliance with the Requirements of Southern Maine Community College

- Tetanus Diphtheria/Tdap

All students must have one of Td, DT or Tdap administered within 10 years of enrollment. This must be renewed every ten years. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccination.

Required: Every Ten Years

- MMR – Measles, Mumps, Rubella

All students must have proof of either two (2) doses of Measles, Mumps and Rubella (or MMR) vaccine, OR 'Positive' Surface Antibody Titers for Measles (Rubeola), Mumps and Rubella. If you have any 'Negative' or 'Equivocal' Titers, you must then (after the Titer) get two booster vaccinations for the disease. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: One Time

- Hepatitis B

All students must have a 'Positive' Surface Antibody Titer for Hepatitis B. If this titer is 'Negative' or 'Equivocal', they must get three additional vaccinations for Hepatitis B, and then 30 days thereafter, get a repeat titer for Hepatitis B.

Required: One Time

- Varicella (Chicken Pox)

All students must have proof of either: two (2) doses of Varicella (Chicken Pox) Vaccine, given 4-8 weeks apart, OR an 'Immune' Surface Antibody Titer for Varicella. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: One Time

- TST (Tuberculosis Skin Testing)

All students must have one of the two methods to prove TST/PPD.

Method one: QuantiFeron-TB Gold (QFT) is a simple blood test OR

Method two: Two step Mantoux skin test (TST).

If you choose Method two, the second step is administered 1-3 weeks after the first test. Please go to <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm> for more information.

Required: Every Year

Flu Shot

Students are required to submit a seasonal flu shot for the current flu season, when available in the Fall. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: Every Year

COVID Vaccination/Booster

Students are required to upload their COVID-19 Vaccination Card showing proof of one dose of Johnson & Johnson or two doses of Pfizer or Moderna along with one booster either Pfizer or Moderna. Dates and provider signature/initials must be on the card.

Required: One Time each shot

ONLY FOR NURSING STUDENTS

CPR Certification: AHA BLS for Healthcare Provider

All students must have an American Heart Association BLS for the Healthcare Provider CPR Certification. More information can be found on www.heart.org. This is the **ONLY** acceptable CPR Card per Southern Maine CC. Be sure to submit a copy of the **Front and Back** of your CPR Card when available.

Required: Every Two Years



Southern Maine Community College- Initial Immunization Form

I hereby authorize the release of my medical records to Southern Maine Community College, and its contracting partners (including American DataBank), to meet the requirements for furthering my education through SMCC and its clinical sites. I do this with the understanding that my personal information will not be disseminated for any purpose other than those specified by SMCC in regards to furthering my education. By affixing my signature below, I grant my full consent, with the understanding that I may revoke this consent in writing, at any time.

Student Name (Print) _____

Signed Date _____

Student Signature _____

Student ID _____

**** Students must upload documentation directly into their Complio account ****

- Program of Study**
- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular Technology | <input type="checkbox"/> Dietetic Technician |
| <input type="checkbox"/> Emergency Medical Services/Paramedic | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Respiratory Therapy | |

Immunization Requirements: For each requirement, students must provide this form, completed signed/stamped by a healthcare provider OR actual documentation for these requirements.

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All students must have one of Td, DT or Tdap administered within 10 years of enrollment. This must be renewed every ten years. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccination.

Required: Every Ten Years

TDap Date: ____ (M) ____ (D) ____ (Y) **DT Date:** ____ (M) ____ (D) ____ (Y) **Td Date:** ____ (M) ____ (D) ____ (Y)

- MMR – Measles, Mumps, Rubella

All students must have proof of either two (2) doses of Measles, Mumps and Rubella (or MMR) vaccine, OR 'Positive' Surface Antibody Titers for Measles (Rubeola), Mumps and Rubella. If you have any 'Negative' or 'Equivocal' Titers, you must then (after the Titer) get two booster vaccinations for the disease. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: One Time

MMR Dose 1 Date: ____ (M) ____ (D) ____ (Y) **MMR Dose 2 Date:** ____ (M) ____ (D) ____ (Y)

Measles Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) **Positive:** Yes or No, If No get two boosters

Measles Dose 1 Date: ____ (M) ____ (D) ____ (Y) **Measles Dose 2 Date:** ____ (M) ____ (D) ____ (Y)

Mumps Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) **Positive:** Yes or No, If No get two boosters

Mumps Dose 1 Date: ____ (M) ____ (D) ____ (Y)

Mumps Dose 2 Date: ____ (M) ____ (D) ____ (Y)

Rubella Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y) Positive: Yes or No, If No get two boosters

Rubella Dose 1 Date: ____ (M) ____ (D) ____ (Y)

Rubella Dose 2 Date: ____ (M) ____ (D) ____ (Y)

Hepatitis B

All students must have a 'Positive' Surface Antibody Titer for Hepatitis B. If this titer is 'Negative' or 'Equivocal', they must get three additional vaccinations for Hepatitis B, and then 30 days thereafter, get a repeat titer for Hepatitis B.

Required: One Time

Hepatitis B Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y)

Positive: Yes or No

Hep B Dose 1 Date: ____ (M) ____ (D) ____ (Y)

Hep B Dose 2 Date: ____ (M) ____ (D) ____ (Y)

Hep B Dose 3 Date: ____ (M) ____ (D) ____ (Y)

<If Negative/Equivocal: 3 shots then re-titer>

Hep B Repeat Titer Date: ____ (M) ____ (D) ____ (Y)

Positive: Yes or No, If No get two boosters

Varicella (Chicken Pox)

All students must have proof of either: two (2) doses of Varicella (Chicken Pox) Vaccine, given 4-8 weeks apart, OR an 'Immune' Surface Antibody Titer for Varicella. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: One Time

Varicella Dose 1 Date: ____ (M) ____ (D) ____ (Y)

Varicella Dose 2 Date: ____ (M) ____ (D) ____ (Y)

Varicella Surface Antibody Titer Date: ____ (M) ____ (D) ____ (Y)

Positive: Yes or No, If No prove two shots

TST (Tuberculosis Skin Testing)

All students must have one of the two methods to prove TST/PPD.

Method one: QuantiFeron-TB Gold (QFT) is a simple blood test OR

Method two: Two step Mantoux skin test (TST).

If you choose Method two, the second step is administered 1-3 weeks after the first test. Please go to <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm> for more information.

Required: Every Year

QuantiFeron- TB Gold (QFT) Test Date: ____ (M) ____ (D) ____ (Y)

TST Skin Test Date: Date: ____ (M) ____ (D) ____ (Y)

Retest in 7-14 Days ____ (M) ____ (D) ____ (Y)

Flu Shot

Students are required to submit a seasonal flu shot for the current flu season, when available in the Fall. Either upload a signed or stamped copy of this form, or official documentation showing proof of your latest vaccinations.

Required: Every Year

Flu Shot Date: ____ (M) ____ (D) ____ (Y)

COVID Vaccination

Students are required to upload their COVID-19 Vaccination Card showing proof of one dose of Johnson & Johnson or two doses of Pfizer or Moderna along with one booster either Pfizer or Moderna. Dates and provider signature/initials must be on the card.

Required: One Time each shot

COVID Vaccination Dose 1 Date:	____(M) ____ (D) ____ (Y)	____ J&J	____ Moderna	____ Pfizer
COVID Vaccination Dose 2 Date:	____(M) ____ (D) ____ (Y)	____ J&J	____ Moderna	____ Pfizer
COVID Vaccination Booster Date:	____(M) ____ (D) ____ (Y)	____ J&J	____ Moderna	____ Pfizer

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Required: Every Two Years

For this form to be submitted in lieu of official documentation, it must be signed and/or stamped by a Healthcare Provider.

Physician/Healthcare Provider Name (Print) _____

Physician/Healthcare Provider Signature _____

Signed Date _____

Physician/Healthcare Provider Stamp