

**BARTON COMMUNITY COLLEGE  
ADULT HEALTHCARE  
IMMUNIZATION RECORD**

In accordance with recommendations from the Kansas State Department Health & Environment and the Center for Disease Control, Adult Healthcare students are required to provide documented proof of immunizations. This documentation is to be on file with the Nursing Office at Barton Community College.

**REQUIRED IMMUNIZATION**

Tuberculin (TB) Skin Test (Tine test is not acceptable). Student must have a negative skin test within the past 6 months.

Name of test used: \_\_\_\_\_

Date of skin test: \_\_\_\_\_ Yr. \_\_\_\_\_

**Provide the documentation you receive from your doctor,  
Health Department or Barton Student Health services.**

**SUGGESTED IMMUNIZATIONS**

**HEPATITIS**

Hepatitis B Vaccine (HBV)

Check one:

\_\_\_\_ I refuse to receive HBV at this time. I understand the increased risk to health care professionals and have been encouraged to receive this vaccine.

\_\_\_\_ I have received the HBV series of immunization on the dates listed below. Provide documentation.

#1. Date: \_\_\_\_\_ Yr. \_\_\_\_\_

#2. Date: \_\_\_\_\_ Yr. \_\_\_\_\_

#3. Date: \_\_\_\_\_ Yr. \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(please print)

Student's Signature: \_\_\_\_\_