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**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: _____

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