

**WEST KENTUCKY COMMUNITY & TECHNICAL COLLEGE ADN PROGRAM
IMMUNIZATION & COURSE REQUIREMENTS
ATTACH ALL REQUIRED DOCUMENTS TO THIS CARD.**

Name: _____

CPR (Healthcare Professional): Issue Date _____ Recommended Renewal (expiration) Date _____
Liability Insurance: Attach insurance form and payment OR proof of current liability insurance

TB Mantoux Test: (less than 1 year old) Date _____ Results (mm) _____ Agency _____
Chest X-Ray (only if skin test is positive): Date _____ Results _____ Agency _____

Tetanus Immunization: (less than 10 years old) Date _____ Agency _____

Rubella (German Measles):
Immunity (results within last 5 yrs) Date _____ Results _____ Agency _____
Or
MMR (must be after 1989) Date _____ Results _____ Agency _____

Rubeola (Measles): **Rubeola not applicable if born prior to January 1, 1957**
Immunity Date _____ Results _____ Agency _____
Or
MMR (must be after 1989) Date _____

Hepatitis B: Declination Date _____ *Or* Vaccine Dates _____; _____; _____ Agency _____

Varicella: Self Report: History of varicella disease? Check one: YES _____ NO (or unknown) _____
If no history of the disease (or unknown): Titer Date _____ *Or* Vaccine Dates _____; _____
Results _____ Agency _____