## HEALTH FORM

This form must be completed and signed by your Health Care Provider. Return form to MxCC Continuing Education Office.

Questions: Contact Diane Bordonaro MSN RN at (860)343-5716 or email dbordonaro@mxcc.edu

<table>
<thead>
<tr>
<th>Program</th>
<th>CNA</th>
<th>PCT</th>
<th>Phlebotomy Technician</th>
<th>Veterinary Assistant</th>
</tr>
</thead>
</table>

### Immunizations - Required for all CNA, PCT and Phlebotomy Technician Students

Veterinary Assistant students do not need to submit immunization information.

1. **MMR** (one must be given after 1980)
   - MMR #1
   - MMR #2

2. **Rubella Screening**
   - Rubella serum test for immunity
   - Rubella immunization

3. **Measles Screening**
   - Measles serum test for immunity
   - Measles immunization

4. **Mumps Screening**
   - Mumps serum test for immunity
   - Mumps immunization

5. **Varicella (Chicken Pox) History**
   - Varicella Vaccine #1
   - Varicella Vaccine #2
   - Varicella antibody test
   - History of disease

6. **Tetanus Vaccine** (must be given within last 10 years)

7. **Hepatitis B Vaccine series**
   - #1
   - #2
   - #3
   - Hep B test for immunity

8. **Seasonal Influenza Vaccine** (Required Spring & Fall semesters)

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See page 2 for Tuberculosis Screening, Hepatitis B Waiver and Medical Insurance Certification.  

Rev.03/2016
ANNUAL TUBERCULOSIS SCREENING

Students in the CNA program are required to have a One Step Tuberculosis Skin Test. Students in the PCT and Phlebotomy Technician programs must have a Two Step Skin Test.

Tuberculosis screening must be done within 12 months of admission to the program. Previous BCG Vaccine does not exempt student from tuberculosis screening. A QuantiFERON blood test is an acceptable alternative to skin testing

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Date</th>
<th>Results</th>
<th>Date/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Skin Test #2</td>
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<tr>
<td>(Phlebotomy students only)</td>
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<tr>
<td>or</td>
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<tr>
<td>TB Blood Test (QFT-G)</td>
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<tr>
<td>Chest x-ray (if above testing is positive)</td>
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</tbody>
</table>

HEPATITIS B WAIVER

Hepatitis B vaccination is optional. You should discuss this option with your primary care provider and either begin the vaccination series or sign the waiver below.

I waive Hepatitis B vaccination at this time.

Student Signature ___________________________ Date ________________

MEDICAL INSURANCE

Medical Insurance is required for all students.
I certify that I carry a current Medical Insurance Policy

Student Signature ___________________________ Date ________________