

Name \_\_\_\_\_  
*Please print: Last First Middle*

Home Address \_\_\_\_\_  
*Street/PO Box City State Zip*

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mm dd yy*

Email Address \_\_\_\_\_ BCC Program:  ADN  PN

**TO THE EXAMINING HEALTH CARE PROVIDER:** Please review the BCC Immunization Policy (on back of this form) and attach documentation of compliance with all immunizations listed below. This information is used strictly to demonstrate proof of compliance with the mandatory immunization requirements for students in the nursing program. This form is maintained in the Nursing Immunization and Records Office and will not be released, to any other party, without student consent, except for proof of compliance with mandatory nursing program immunization requirements.

TUBERCULOSIS TEST	
Only one of the following TB tests required:	
PPD	Date Planted: ____/____/____ Date Read: ____/____/____ <i>mm dd yy mm dd yy</i>
	Result: _____
Quantiferon-TB Gold	Date Tested: ____/____/____ Result: _____ <i>mm dd yy</i>
T-Spot	Date Tested: ____/____/____ Result: _____ <i>mm dd yy</i>
	Chest X-Ray Date (if test if positive): ____/____/____ <i>mm dd yy</i>
	Result: _____
	If positive, treatment schedule: _____

IMMUNIZATION HISTORY		
Tdap: ____/____/____ <i>mm dd yy</i>	MMR#1: ____/____/____ <i>mm dd yy</i>	MMR#2: ____/____/____ <i>mm dd yy</i>
Tetanus, diphtheria, pertussis (within 10 years)	Measles, mumps and rubella vaccinations	
	*Titer proof of immunity to:	
	Measles: ____/____/____ <i>mm dd yy</i>	Mumps: ____/____/____ <i>mm dd yy</i>
		Rubella: ____/____/____ <i>mm dd yy</i>
Hepatitis B (3 dose series)	#1: ____/____/____ <i>mm dd yy</i>	#2: ____/____/____ <i>mm dd yy</i>
	#3: ____/____/____ <i>mm dd yy</i>	Titer: ____/____/____ <i>mm dd yy</i>
Chicken Pox (Varicella)	*laboratory blood titer proof: ____/____/____ <i>mm dd yy</i>	
Meningococcal (MenACWY) vaccine for students 21 years of age or younger: ____/____/____ <i>mm dd yy</i>		

\*Antibody Laboratory Blood Tests (Titer) must include laboratory report proof of immunity.  Complete (office use only)

Documentation of requirements will be kept on immunization spreadsheet in the Nursing Immunization and Records Office.

Return all information to: Nursing Immunization and Records Office  
 Berkshire Community College, Hawthorne Hall, Office #323, Attn: Colleen Hunkler  
 1350 West Street, Pittsfield, MA 01201  
 Phone: 413-236-4609 or Fax: 800-724-9943 or Email: [medicalrecords@berkshirecc.edu](mailto:medicalrecords@berkshirecc.edu)

*Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, or national origin in its education programs or employment.*

## MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Nursing

	Required Immunization for Hepatitis B
Hepatitis B	<p>Laboratory evidence of immunity (<b>titer</b>) (Declination acceptable after second series of vaccines if titer is negative.)</p> <p>3 doses of the Engerix-B or Recombivax--HB formulations of the hepatitis B vaccine on a 0, 1, and 6 month schedule</p>
Tdap	<b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at $\geq 7$ years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Tdap should be given if it has been $\geq 10$ years since Tdap.
MMR	Laboratory evidence of immunity ( <b>titer</b> ) (If immunity is not seen, 2 series of MMR vaccine)
Varicella	Laboratory evidence of immunity ( <b>titer</b> ) (If immunity is not seen, 2 series of Varicella vaccine)
TB	Documentation of negative T-Spot or Quantifiers. Once initial documentation is obtained the test does not need to be repeated annually. A "TB" interview form will completed annually. If there are any affirmation answers to those questions, the T-Spot will be repeated.
Influenza Vaccine	During regular flu season (Oct-March). Declination is only allowed if there is documented allergy or documentation for religious reasons which will be determined on a case by case basis.
Meningococcal	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.
Ishirara Test	Required for all faculty and students who need to identify color for specific tests. (This will be done during clinical orientation.)

**\*\*Nursing students must comply with the immunization requirements of their clinical site.**

Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

(BCC Immunization policy developed according to MDPH Immunization Program 2020-2021 School Year and per requirements of clinical sites.)

### Waiver

If a student is unable to receive an immunization due to medical reasons, they must discuss a medical waiver with the Dean of Nursing and provide a doctor's notice. If a medical waiver is granted, documentation from the student's physician must be filed in the Nursing Immunization and Medical Records Office. It is also highly recommended that these students have blood testing done to show possible immunity. Both medical exemptions and declinations must be renewed on the appropriate forms annually. If a student cannot complete clinical, then he/she cannot complete the course.

### Drug Screening

Please be advised that students enrolled in certain programs which require clinical or fieldwork study may be required by the placement affiliate agency to undergo and pass a drug screening analysis in order to be eligible. Students who either fail to pass, or refuse to submit to a drug screening analysis will be deemed ineligible for clinical placement, which will affect their status in the program.

### Verification of Student Health History and Physical Exam

In addition to the Mandatory Immunization Requirements, all students enrolled in the nursing program are required to have Verification of Student Health History and Physical Exam report completed by their health care provider by August 10 or for the fall semester and by December 1 for the spring semester.

**Important Notices**

- Any prior criminal offense could hinder placement in clinical agencies. See “CORI” and “SORI” requirements in current catalog for details.
- CPR certification for healthcare providers through the American Heart Association or the American Red Cross: American Heart Association: Basic Life Support (BLS) for Healthcare Providers (2-year certification) or American Red Cross: Basic Life Support for Healthcare Providers (2-year certification). CPR must be for health care provider.
- BCC will not admit student concurrently into any two of the following degree or certificate programs: Physical Therapist Assistant, Respiratory Care, LPN or Nursing.

The College reserves the right to make changes at any time with respect to course offerings, degree requirements, services provided, cost of attendance, or any other subject.

**Failure to Comply**

A student will not be allowed to participate in the clinical experience without all health requirements fully complete.

Submit requirements to the Nursing Immunization and Records Office located in the Hawthorne Hall, Office #323, Berkshire Community College Main Campus. Telephone: 413-236-4609 Fax: 800-724-9943 Email: [medicalrecords@berkshirecc.edu](mailto:medicalrecords@berkshirecc.edu)

I have read the health requirements and understand that it is my responsibility to fully comply with the stated deadlines.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Admit Status \_\_\_\_\_ Date Submitted \_\_\_\_\_

Approved \_\_\_\_\_