BERKSHIRE COMMUNITY COLLEGE

MANDATORY IMMUNIZATION REQUIREMENTS FOR NURSING

Name _____
Please print: Last First Middle

Home Address _____
Street/PO Box City State Zip

Student ID# _____ Date of Birth ____ /____ / _____

Email Address _____

BCC Program: ☐ ADN ☐ PN

TO THE EXAMINING HEALTH CARE PROVIDER: Please review the BCC Immunization Policy (on back of this form) and complete the information requested 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 office of Immunization Records and will not be released, to any other party, without student consent, except for proof of compliance with mandatory nursing and allied health program immunization requirements.

TUBERCULOSIS TEST

Only one of the following TB tests required:

PPD **Date Planted:** ____/____/____ (mm dd yy) **Date Read:** ____/____/____ (mm dd yy)

Result: _____

Quanti FERON-TB Gold **Date Tested:** ____/____/____ (mm dd yy) **Result:** _____

T-Spot **Date Tested:** ____/____/____ (mm dd yy) **Result:** _____

Chest X-Ray Date (if test if positive): ____/____/____ (mm dd yy)

Result: _____

If positive, treatment schedule: _____

IMMUNIZATION HISTORY

Tdap: ____/____/____ (mm dd yy)
Tetanus, diphtheria, pertussis

MMR#1: ____/____/____ (mm dd yy) **MMR#2:** ____/____/____ (mm dd yy)
Measles, mumps and rubella vaccinations

Titer proof of immunity to:
Measles: ____/____/____ (mm dd yy) **Mumps:** ____/____/____ (mm dd yy) **Rubella:** ____/____/____ (mm dd yy)

Hepatitis B (3 dose series) **#1:** ____/____/____ (mm dd yy) **#2:** ____/____/____ (mm dd yy) **#3:** ____/____/____ (mm dd yy) **or Titer:** ____/____/____ (mm dd yy)

Hepatitis B (2 dose series - Heplisav-B) **#1:** ____/____/____ (mm dd yy) **#2:** ____/____/____ (mm dd yy)

Chicken Pox (Varicella) Medical proof of disease: ____/____/____ (mm dd yy) **or laboratory blood titer proof:** ____/____/____ (mm dd yy)

Meningococcal (MenACWY) vaccine for students 21 years of age or younger: ____/____/____ (mm dd yy)

Flu vaccination schedule is program specific.

_____ _____
Health Care Provider's Signature Print Last Name

_____
Date

Return all information to: **Immunization Record Office, SBA Room A107, Student Engagement Center, 1350 West Street, Pittsfield, MA 01201**
Phone: 413-236-1600 or Fax: 413-499-3098

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rev. 08/16/19

BERKSHIRE COMMUNITY COLLEGE

MANDATORY IMMUNIZATION REQUIREMENTS FOR NURSING

MANDATORY HEALTH REQUIREMENTS - Berkshire Community College Nursing

Hepatitis B**	**Recommended** Immunization for Hepatitis B		
	3 doses of the hepatitis B vaccine on a 0, 1, and 6 month schedule, **OR** 2 doses of the Heplisav-B formulation on a 0 and 1 month schedule.**	**OR**	Test for hepatitis B surface antibody* (anti-HBs) 1–2 months after the final dose in the series to document immunity. (Obtain a titer to document immunity.)* Those without immunity (anti-HBs <10 mIU/mL) should receive one or more additional doses of HepB vaccine and retesting.
Tdap	**1 dose;** and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥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. Td should be given if it has been ≥10 years since Tdap.		
MMR	**2 doses;** first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥28 days after dose 1	**OR**	Laboratory evidence of immunity (titer)*
Varicella	Medical proof of disease/Reliable history of chickenpox***	**OR**	Laboratory evidence of immunity (titer)*
Tb (must be kept current through-out the program)	Tuberculosis negative test within the year	**OR**	Negative chest x-ray within the last five years
Flu shot	Flu shot or declination form submitted by date in fall to be announced. Flu vaccination schedule is program specific.		
Meningococcal	**1 dose;** 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.		

*Antibody blood tests (titers) must include laboratory report as proof of immunity.
****Nursing students must comply with the immunization requirements of their clinical site.** If a clinical site requires a positive hepatitis B titer result but allows a waiver, students must either document immunity or submit the required waiver form.
***Medical proof/reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant or designee.

(BCC Immunization policy developed according to MDPH Immunization Program 2019-2020 School Year and clinical agency contractual requirements)