

Immunization Data/CPR Certification

Fill out each section of this document. You must provide a copy of the immunization either from a doctor's office, health clinic, immunization card, or other appropriate documentation.

Please write in the actual dates these immunizations or certifications took place and submit official documentation.

Attach documentation supporting each entry. We will need a copy of the following submitted with this form:

- Immunization record

- PPD (TB) test, - If you have recently had a TB test (within one year) administered do not have it done again. Please send the most recent test results.

- CPR card

My signature indicates that I understand the Utah College of Dental Hygiene requires these immunizations/certification and that I am in compliance with requirements. Failure to initiate and maintain a current health record in your student file may prevent attending the clinical experience activities.

Name: _____

Signature: _____

Date: _____

PPD: (purified protein derivative)

Initial testing: two step tuberculin skin testing for initial test, annually thereafter. A positive tuberculin skin test result should be followed with an initial chest radiograph. If Chest X-Ray is negative, repeat radiographs are not needed unless symptoms develop that could be attributed to TB. A two step TB is required if you have not been tested in 10 years.

PPD: Initial Date: _____

Reading: _____ Test Date: _____

This is a two appointment process

Td: (Tetanus and diphtheria)

Two IM doses 4 weeks apart; third dose 6-12 months after second dose; booster every 10 years.

Td: Date of last booster: _____

HB: (Hepatitis B recombinant vaccine)

Three IM doses: Initial dose, second dose 1-2 months after the initial dose, third dose 4-6 months after second; booster not

HB: Date of initial dose: _____

Date of second dose: _____

Date of third dose: _____ ok to get in school

HA (Hepatitis A recombinant vaccine)

HA: Date of initial: _____

Date of Second: _____ ok to get in school

MMR: (Measles, Mumps, Rubella vaccination)

Measles component: Health Care Workers born during or after 1957 who do not have documentation of having received 2 doses of live vaccine on or after the first birthday or a history of physician diagnosed measles or serologic evidence of immunity. One dose SC; second dose at least 1 month later. Measles vaccination should be considered for all HCWs who lack proof of immunity, including those born before 1957.

MMR: DOB: _____

Date of immunization: _____

Date of second if applicable: _____

Mumps component: Adults born before 1957 can be considered immune to mumps. One dose SC; no booster. Rubella: Health Care Workers who do not have documentation of having received live vaccine on or after their first birthday or laboratory evidence of immunity. Adults born before 1957, except women who can become pregnant, can be considered immune. One dose SC; no booster.

VZV: (Varicella zoster live virus vaccine)

Two 0.5ml doses SC 4-8 weeks apart if ≥ 13 years of age. Indicated for healthcare workers who do not have a reliable history of varicella. Recommend having a titer run or vaccination OR attach waiver that is on the school website under the student section

VZV: Date of initial dose: _____

Date of second dose: _____

Signed Waiver: _____

CPR (Cardiopulmonary Resuscitation)

Health Care Provider Required.

CPR Exp Date: _____