

**GROSSMONT COLLEGE HEALTH PROFESSIONS  
IMMUNIZATION REQUIREMENTS**

Name \_\_\_\_\_ I.D.# \_\_\_\_\_

**DOCUMENTATION MUST BE SUBMITTED (Signature and stamp of physician, nurse practitioner, physician assistant, or Grossmont College Student Health Services nurse)**

**IMMUNIZATIONS REQUIRED**

<b>MMR</b> (Measles, Mumps, Rubella)	Date #1 _____ Date #2 _____	Signature _____ Signature _____
<b><u>OR</u></b> Seropositivity	Date _____	Signature _____

If born *before* January 1, 1957 only 1 dose of MMR or seropositivity is required. If date is *after* January 1, 1957 two doses of vaccine are required or seropositivity.

<b>Hepatitis B</b>	Date #1 _____ Date #2 _____ Date #3 _____	Signature _____ Signature _____ Signature _____
AND <b>Seropositivity (required)</b> Post vaccination testing must be done 6 weeks after last dose of vaccine	Date _____	Signature _____

<b>Tetanus/Diphtheria And Acellular Pertussis</b> (within past 10 years)	Date _____	Signature _____
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<b>Varicella</b> (chickenpox)	Date #1 _____ Date #2 _____	Signature _____ Signature _____
<b><u>OR</u></b> <b>Seropositivity</b>	Date _____	Signature _____

*Influenza vaccination or a signed declination form is required by health care facilities. The vaccination and required hospital consortium form is available in Student Health Services*

**Note: If you have documentation of these vaccinations and tests, bring them to the Student Health Services Office, to have them signed off.**