

**Mercy College of Northwest Ohio
Health and Immunization Data**



TO BE COMPLETED BY A PHYSICIAN

NAME: _____ SS# _____

In accord with the Centers for Disease Control Immunization Recommendations for Colleges and Health Care Workers, Mercy College of Northwest Ohio requires evidence of a physical examination within the last year, personal health insurance, current CPR certification and the following immunizations **prior to patient contact**.

1. Rubella titer: **REQUIRED** Date _____ Results _____

2. Chickenpox titer: **REQUIRED IF NO HISTORY** Date _____ Results _____
Vaccination required if not immune: Date: #1 _____ Date: #2 _____

3. Measles Vaccination/History (This documentation NOT required if you were born before 1957)
Document ONE of the following:

- History of Measles documented by a physician Date _____
- Immunization with 2 doses of live measles vaccine after your first birthday.
Dates #1 _____ #2 _____
- Positive Rubeola Titer Date: _____ Results _____

4. Tetanus Shot Date: _____ (required every 10 years)

5. Hepatitis Shots

Hepatitis B Surface Antigen (**Before first hepatitis shot**): Date _____ Results _____

Hepatitis B Series #1 **Must be done before initial clinical experience** Date _____

#2 One month after first shot Date _____

#3 Six months after first shot Date _____

**If hepatitis series is complete and dates are not available,
Document Hepatitis B Surface Antibody** Date _____ Results _____

6. Tuberculosis Test

Document 2-step PPD (Mantoux) **ONE WEEK APART**

Step 1 (R arm) Date _____ Results (read in 48 hours) _____

Step 2 (L arm) Date _____ Results (read in 48 hours) _____

Documentation of Chest Xray is **required** if Mantoux is positive

Date _____ Results _____

7. Annual TB Skin Test Date _____ Site _____ Results _____