KIRKWOOD COMMUNITY COLLEGE IMMUNIZATION RECORD

NAME_____ DOB_____Program: CNA

Immunization requirements: In order for this form to be accepted **EACH** vaccination that is documented must have a provider's signature or stamp with the phone number of the clinic. Lab values of titers must be attached in order for the titers to be accepted.

Vaccine	**Date of Administration**	**Clinic and Phone Number Where Administered**	**Signature or Stamp of Provider for each vaccine:** *Invalid without signature or stamp*
Seasonal Influenza (Clinic October-March)			

PROOF OF TB TESTING

The following are also required:
Initial 2-Step TB test (Two separate TB tests placed at least 1week apart and no more than 11 months apart. They must be read within 48-72 hours after **each** TB test). If the 2 step has been completed in the past, you will only need one additional TB test, done within 11 months of starting clinical. Positive TB tests must be followed by a CXR. T-Spot and Quantiferon Gold blood tests will be accepted in place of the TB skin test if the result is negative.

Test	**Date Placed** **Signature of Provider:** *Invalid without signature*	**RT or LT arm**	**Clinic and Phone Number Where Administered**	**Date Read** **Signature of Provider:** *Invalid without signature*	**Results**	**Clinic and Phone Number Where Read**
TB Test					mm	
TB 2nd step Test					mm	