

This form must be turned in on the first day of class.

**HIGHLINE COMMUNITY COLLEGE
Nursing Assistant Program
COMMUNICABLE DISEASE RECORD**

NAME _____ SID _____

Nursing assistants provide care to vulnerable clients and they may be exposed to diseases.

Immunization and testing is essential to protect you and your clients.

Please fill out the following form.

Proof must be attached.

Tetanus/Diphtheria (after 6/28/1996)

Date given

Hepatitis B (1st dose by 6/28/2006 or evidence of immunity)

Date #1 _____
Date #2 _____
Date #3 _____
Immune
by titer

MMR (2 doses after 1968, if born after 1956, or evidence of immunity)

Year of _____
Birth Date #1 Date #2 Immune
by titer

Tuberculosis -- PPD (after 6/28/2005) See Director regarding + PPD or BCG vaccine

Date _____
Given Read Results Chest X-ray
Results

Polio

Date given

Varicella (Chicken Pox)

Had Disease:

Yes No Immune by titer

Signature of Student

Date