CAPE COD COMMUNITY COLLEGE
Powerful Futures Start Here

Office of the Registrar - Cape Cod Community College - Student Immunization Records
2240 Iyannough Road, West Barnstable, MA 02668
774-330-4331 / Fax 508-375-4039 / sthompson@capecod.edu

Health Sciences Program
Physical Exam & Immunization form

Date ____/____/____

Student ID# _____

Student Information

Last Name | First | M | Maiden/Other name

Phone# | Date of Birth | Health Program

Signature **(By signing this, I give permission for CCCC to release my immunization information to clinical agencies)**

PHYSICAL EXAMINATION
TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT

All health information requested on this form must be satisfactorily completed and received by the program's deadline date.

PHYSICAL EXAM

Physical exam must be within one year of program start date.

Date of Physical Exam: ____/____/____

Based on the above physical examination, I believe the student is mentally and physically able to safely perform the technical standards of the health program the student is enrolled, with or without reasonable accommodations.

_____
Health Care Provider Signature

_____ _____
Print Name | Primary Phone Number

_____ _____ _____ _____
Street Address | City | State | Zip Code

Name: _____ **ID#:** _____

REQUIRED TESTING, IMMUNIZATIONS, AND TITRES FOR HEALTH SCIENCE STUDENTS

Disease Immunity: (Please read carefully) Documented proof of immunity is required.

Immunization	Date Administered
Tdap (tetanus/diphtheria/pertussis) 1 adult dose	
Td (tetanus/diphtheria) if more than 10 years since Tdap	

Immunizations	Date Administered
MMR#1 (Measles, Mumps & Rubella)	
MMR#2 (Measles, Mumps & Rubella)	
Varicella Vaccine (chicken pox) #1	
Varicella Vaccine (chicken pox) #2	

OR

Immunity Titres Healthcare providers must record results of titres for the diseases listed below and **copy of lab report is required**	**Date Administered**	**Results**
Positive Measles Antibody IgG titre		
Positive Mumps Antibody IgG titre		
Positive Rubella Antibody IgG titre		
Positive Varicella (chicken pox) Antibody IgG titre		

Tuberculosis Testing **required annually**	**Plant Date**	**Read Date**	**Results**
TB Skin test (PPD) #1			
TB Skin Test (PPD) #2 (if required)			

OR

Tuberculosis Testing **TB blood test required annually**	**Date Administered**	**Results** **copy of lab/X-ray result is required**
QuantiFeron® (TB blood test)		
T-Spot® (TB blood test)		
Chest X-ray (w/in 2 yrs) after positive TB skin test		
Non-symptom TB Questionnaire (annually)		**N/A**

MD, NP, PA Signature: _____ **Date:** _____

Name: _____ **ID#:** _____

REQUIRED TESTING, IMMUNIZATIONS, AND TITRES FOR HEALTH SCIENCE STUDENTS

Disease Immunity: (Please read carefully) Documented proof of immunity is required.

Influenza Vaccine (for upcoming season) (excludes Dental Hygiene students)	**Date Administered**
Influenza Vaccine (seasonally required)	

Immunizations Highly recommended, not mandatory at this time	**Date Administered**	**Manufacturer**
COVID-19 #1		
COVID-19 #2		

Hepatitis B Immunity copy of lab report is required	**Date Administered**	**Values**
Hepatitis B vaccine #1		**N/A**
Hepatitis B vaccine #2		**N/A**
Hepatitis B vaccine #3		**N/A**
****EVERY STUDENT MUST HAVE A HEP B SURFACE ANTIBODY TITRE DONE****		
Hepatitis B surface antibody titre of immunity		

Advisory Committee on Immunization Practices (ACIP) recommends that healthcare personnel with written documentation of having received a properly spaced series of hepatitis B vaccine in the past (such as in infancy or adolescence) but who now test negative for anti-HBs should receive a single "booster" dose of hepatitis B vaccine and be retested 1–2 months later. Those who test positive following the "booster" dose are immune and require no further vaccination or testing. Those who test negative should complete a second series of hepatitis B vaccine on the usual schedule and be tested again 1–2 months after the last dose. Heplisav-B may be used to revaccinate new healthcare personnel (including the challenge dose) initially vaccinated with a vaccine from a different manufacturer in the distant past who have anti-HBs less than 10 mIU/mL upon hire or matriculation.

Heplisav-B is approved as a 2-dose schedule for persons age 18 years and older, including healthcare professionals. The doses should be separated by at least 4 weeks. Ask your healthcare provider for details.

MD, NP, PA Signature: _____ **Date:** _____

Please send original health forms to:
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