MEDICAL FORMS

- Once you have enrolled in the Certified Phlebotomy Technician or Registered Medical Assistant Course course, please make an appointment immediately with your primary care physician to have your medical form filled out (available from the office or in the catalog).

- The vaccination information can be filled out from your past medical records. In the event that your past medical records are not available for any reason, your physician can perform a simple blood test to determine which diseases you have adequate antibody titers against, and are therefore protected from. We will need copies of the blood results indicating that you have adequate titers.

- You will need to be vaccinated against any and all diseases on the form in which you were never vaccinated against or do not have adequate antibody titers against, and your physician can write in the dates on the form when the vaccinations are given.

- This is to be certain that you are protected from preventable infectious diseases that are commonly encountered. This is for YOUR protection and welfare, and a requirement for the course and externship.

- If you have any questions please contact:

  - Certified Phlebotomy Technician: Peter Embriano, MD, MBA  
    pembriano@cox.net, 860 324-3654

  - Registered Medical Assistant: Michele Howard-Swan, RMA  
    mhowardswan@acc.commnet.edu, 86.253.3061
Asnuntuck Community College
STUDENT HEALTH SERVICE

IMMUNIZATION REQUIREMENTS for STUDENTS

INSTRUCTIONS TO STUDENTS:
Please show these requirements to your health care provider who should record the dates and/or results of immunization on the Student Health Record. If the dates and/or results are unavailable, please make arrangements to receive the missing immunization. The completed Student Health Record must be returned to Continuing Education before the start of class.

NOTE: If your immunization record is unavailable only the following documentation will be accepted.
1. Laboratory evidence of immunity for mumps, measles, rubella, and varicella.
2. A medical certificate signed by a physician stating specific immunizations are contraindicated for health reasons.

TUBERCULIN SKIN TEST:
A Mantoux TB skin test is required within 12 months of your start date. The reading should be recorded in millimeters of induration.

If the Mantoux test is positive, the results of a chest x-ray completed within 12 months of the positive PPD and be reported within the last 5 years.

IMMUNIZATION REQUIREMENTS:
All incoming students must have medical certification of the following immunizations: tetanus, diphtheria, mumps, measles (Rubeola), German Measles (Rubella), Chicken Pox (Varicella) and Hepatitis B Vaccine.

1. Tetanus-Diphtheria Toxoid:
   Evidence of receiving at least 3 doses of either diphtheria-tetanus-pertussis toxoid (DPT) or tetanus-diphtheria toxoid (DT) or tetanus-diptheria toxoid-adult (Td). A Td booster is required if it is 10 years or more since the last immunization.

2. Mumps Vaccine:
   Two doses of mumps vaccine or (MMR) are required. Those immunized for mumps prior to 1968 or before 12 months of age, or those vaccinated at any age with inactivated vaccine (available from 1963-67) cannot be considered to have received an adequate dose. Therefore, they should be revaccinated for mumps.

3. Measles (Rubeola) Vaccine:
   Two doses of measles vaccine or (MMR) are required. Those immunized for measles prior to 1968 or before 12 months of age, or those vaccinated at any age with inactivated vaccine (available from 1963-67) cannot be considered to have received an adequate dose. Therefore, they should be revaccinated for measles.

4. German Measles (Rubella) Vaccine:
   The Massachusetts Department of Public Health recommends the Measles/Mumps/Rubella triviral vaccine (MMR) be given when protection against measles, mumps, or rubella is needed, even though the person to be immunized may have had one or two of these diseases or received one or two of the single viral vaccines in the past.

5. Chicken Pox (Varicella):
   This requirement can be met either by a positive titer or by receiving two doses of varicella vaccine four to eight weeks apart. Since Varicella is a significant infection control problem, it is now a requirement that all students be immune to varicella.

5. Hepatitis B Vaccine:
   Vaccination series completed or declination statement on file at Asnuntuck Community College.
Asnuntuck Community College

The information requested on this form must be completed by your health care provider and returned to the address at the bottom of the form. Failure to provide evidence of all required immunization will delay your start date.

Section 1: (to be completed by the student)
School __________________________ Program ___________ Dates of rotation ___________
Name of Student __________________________ Date of Birth __________________
Home Address & Telephone# __________________________
Assignment area __________________________ Clinical Preceptor________________

Section 2: (to be competed by the health care provider or college health services representative)

1. Significant Medical History
(Current medical status including impairments or restrictions, allergies, drug sensitivities.)

2. Current TB Skin Test (Mantoux) within 12 months: REQUIRED
Date: __________________________ Result (Induration in mm): ______________
If Mantoux is positive, report of current chest x-ray (within 12 months):_________________
Date of Chest x-ray __________________________ Result

3. Mumps Titer: REQUIRED
Date: __________________________ Result: _______ Interpretation ____ positive ____ negative
   or Date of Mumps Vaccinations: #1_________________________ #2_________________________

4. Rubeola (Measles) Titer: REQUIRED
Date: __________________________ Result: _______ Interpretation ____ positive ____ negative
   or Date of Measles Vaccinations: #1_________________________ #2_________________________
   NOTE: As of 12/29/89, the CDC recommends two doses of measles vaccine for people entering medical facilities. Vaccinations given before 12 months of age are not acceptable. Measles vaccine prior to 1968 is only acceptable if live vaccine was used.

5. Rubella (German Measles) Titer: REQUIRED
Date: __________________________ Result: _______ Interpretation ____ positive ____ negative
   or Date of Rubella Vaccination: #1_________________________ #2_________________________
6. Varicella (Chicken Pox) Titer: **REQUIRED – HISTORY NOT ACCEPTED**
   Date: ______________ Result: ______ Interpretation ____ positive ____ negative
   or Date of Varicella Vaccination: #1 _______________________
   #2 ______________________

7. Tetanus Toxoid: **REQUIRED**
   Date: ______________________

8. Hepatitis B: **REQUIRED**
   Date: ______________________
   Date: ______________________
   Date: ______________________

*Signature or stamp of Health Care Provide:*

Name ______________________ Date completed ______________________
Address ______________________

Return form to:
Asnuntuck Community College
Office of Continuing Education
Allied Health Division
170 Elm Street
Enfield, CT 06082

Evidence of compliance with these requirements must be submitted to the hospital prior to the first clinical or fieldwork day. The Student(s) will not be permitted to start the clinical/fieldwork experience at the hospital until such documentation is provided.