GARDEN CITY COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES TECHNOLOGY

(Copies of documentation or immunization records for all immunizations will need to be attached for Verification or application will not be accepted)

I. MMR (Measles, Mumps and Rubella
_____ A. Positive Rubella Titer
_____ B. Proof of 2 MMR immunizations

II PPD (Documentation needs to be within the year)
_____ A. 2 - Step TB Testing
_____ B. Negative chest X-ray with documentation of Medical Treatment (with a positive skin test
_____ C. QuantiFERON-TB Gold

III. Varicella (chicken Pox)
_____ A. Varicella Positive Titer with proofed immunity OR Vaccination

IV. Tetanus/Diphtheria
_____ A. within 10 years

V. Influenza Vaccination Influenza Information
_____ A. Documentation of receiving the vaccination
_____ B. Signed Waiver - I choose not to be Immunized because:
_____ I do not want to be immunized
_____ I am Pregnant or breast-feeding
_____ Other Reason - Specify _____

I have read and understand all of the information regarding Influenza and its vaccine.
I choose/do not choose (circle one) to receive the vaccination. *This could restrict access to your clinical facility to meet the student's goals as required by the program.*

Signature _____ Date _____

VI. Hepatitis B Hepatitis Information
A. Documentation of receiving the vaccination
B. Signed Waiver - I choose not to be Immunized because:
_____ I do not want to be immunized
_____ I am Pregnant or breast-feeding
_____ I have had Hepatitis B
_____ Other Reason - Specify _____

I have read and understand all of the information regarding Hepatitis B and its vaccine.
I choose/do not choose (circle one) to receive the vaccination.

Signature _____ Date _____

NOTE - these requirements could change as to what the facilities require and possible public health emergencies