Gaston College Health Education Program
Clinical Agency Immunization Requirements

****Some of these are not included on the NC Community College Health Form**

Student Name: _____

The blanks must be filled in. Official documentation from your health care provider (HCP) must be attached or HCP signature.

PPD (2 step required=2 PPDs within 12 months) PPD #1 Date: _____ Results: _____

PPD #2 Date: _____ Results: _____

TDaP (within last 10 years) Date Administered: _____

**** If your provider refuses to administer the TDaP due to a recent TD vaccination, documentation must be provided.**

Varicella Titer Date: _____ Results: _____

****If results to not indicate immunity (ask the HCP) 2 immunizations are required. Statement of having the disease is NO LONGER ACCEPTED.**

OR

Immunization #1 Date: _____

Immunization #2 Date: _____

MMR 2 vaccines and/or titer date with results (fill in results on Immunization Records on state health form

Signature or Clinic Stamp Required: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

Date: _____