0513505

# IMMUNIZATION FORM – ALLIED HEALTH PROGRAMS

STUDENT NAME: ______________________________ STUDENT ID ________________

PROGRAM: ________________________________________________________________

**TETNUS**

Date Received: ____________________________

VARICELLA VACCINE <u>OR</u> TITER

Date of Immunization: ____________________________

Date of Titer: ___________________________________

**MMR TITER**

Rubella Titer (Date): ____________________________ Results: ____________________

Measles Titer (Date): ____________________________ Results: ____________________

Students are required to have a Rubella and Measles Titer (laboratory evidence of immunity) indicating immune status.

**Health Care Provider Signature:** _______________________________ Date______________

**Health Care Provider Printed Name:** ____________________________________________

**Health Care Provider Contact Information:** ______________________________________

Gateway Technical College
Attn: Health Records
3520 30th Avenue
Kenosha, WI 53144-1690
(262) 564-2734 Fax (262)564-2299
Eschenbauchl@gtc.edu
Caseys@gtc.edu

Gateway Technical College
Attn: Health Records
496 McCanna Pkwy.
Burlington, WI 53105-3622
(262) 767-5728 Fax (262)767-5729
Douglasm @gtc.edu

Equal Opportunity/Access Education/Employer
Igualdad De Oportunidades