

Colorado Christian UNIVERSITY

RN-BSN STUDENT RECORD OF IMMUNIZATIONS*

NAME: _____ TELEPHONE: _____

STUDENT'S ADDRESS: _____
STREET
CITY
STATE
ZIP

DIRECTIONS: Applicant completes this form and has his or her physician/healthcare provider sign form validating information.

CDC Recommended Adult Immunization Schedule**

Vaccine	Date	Date	Date	Physician Comments
Tetanus, diphtheria (Td/Tdap) (1 dose every 10 years)				
Measles, mumps, rubella (MMR) – 1-2 doses		Healthcare workers 2 nd dose recommended not required		
Hepatitis A *** (2 doses 0, 6-12 months; or 0, 6-18 months)			***3 rd dose required, only if vaccine is mixed with Hepatitis B vaccine.	
Hepatitis B (3 doses 0, 1-2, 4-6 months)				
Varicella (Chicken Pox) (2 doses 0, 4-8 wks)				
Influenza (1 dose annually)	Healthcare workers vaccine recommended, not required			

NOTE: A physician/healthcare provider signature is required. I authorize the above documentation for immunizations, titers and diseases are accurate:

 Physician/healthcare provider signature Date

 Address City State Zip code

Please return this form via mail, e-mail or fax to:

Service Central ● 8787 West Alameda Avenue ● Lakewood, CO 80226

AdmissionsSupport@ccu.edu ● P: 303.963.3230 ● 800.44.FAITH Ext. 3230 ● F: 303.963.3231

*This form is official documentation of immunizations. Physician (healthcare provider) is required. Disease/titer documentation and date is placed in the appropriate box of the table above. **Retrieved from Centers for Disease at <http://www.immunize.org/catg.d/p2011.pdf> on August 18, 2008