NORTH SEATTLE COMMUNITY COLLEGE_____
Health and Human Services Division, Pharmacy Technician Program

NAME:_____ DATE:_____

The following immunization requirements must be met before registration to externship will be allowed.

IMMUNIZATIONS

		Date Given	Date Read	Result
1.	PPD/Tuberculin Test (1st):	_____	_____	*☐ Positive ☐ Negative
	1-3 weeks apart			
	PPD/Tuberculin Test (2nd):	_____	_____	*☐ Positive ☐ Negative

* If PPD is positive, a chest x-ray with written results and an Annual TB Symptom Checklist (signed and dated) is required.

2. Hepatitis B Series: 1. _____
   2. _____ (one month after 1st)
   3. _____ (5 months after 2nd)
3. MMR _____
4. Diphtheria & Tetanus _____
5. Varicella:
   Illness _____
   Titer _____
   Vaccinations 1. _____
   2. _____
6. Flu shot _____

Signature:_____
Healthcare Provider*

*Attached documentation from healthcare provider's office can substitute for healthcare provider signature

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This form should be returned to the Health and Human Services Division office.