

NURSE AIDE STATE LAW MANDATED IMMUNIZATIONS

Name: _____ STUDENT ID#: _____

MEASLES (RUBEOLA):	
THOSE BORN ON OR AFTER JANUARY 1, 1957, MUST SHOW PROOF OF EITHER:	
A. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR *See note.	Date #1 _____ Date #2 _____
B. Record of physician-diagnosed measles OR	Date _____
C. Serologic test positive for measles antibody	Date _____ Result _____
MUMPS	
THOSE BORN ON OR AFTER JANUARY 1, 1957, MUST SHOW PROOF OF EITHER:	
A. One dose of mumps vaccine on or after their first birthday OR	Date _____
B. Record of physician-diagnosed mumps OR	Date _____
C. Serologic test positive for mumps antibody	Date _____ Result _____
RUBELLA	
THOSE BORN ON OR AFTER JANUARY 1, 1957, MUST SHOW PROOF OF EITHER:	
A. One dose of Rubella vaccine on or after their first birthday OR	Date _____
B. Record of physician-diagnosed Rubella OR	Date _____
C. Serologic test positive for Rubella antibody	Date _____ Result _____
*Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.	

HEPATITIS B MUST SHOW PROOF OF:	
A. Three doses of vaccine administered over a period of 6 months. Initial vaccine followed by 1 and 6 months vaccines respectively OR	Date #1 _____ Date #2 _____ Date #3 _____
B. Serologic test positive for Hepatitis B antibody	Date _____ Result _____

VARICELLA MUST SHOW PROOF OF:	
A. Two doses of Varicella vaccine administered 4-8 weeks apart OR	Date #1 _____ Date #2 _____
B. Serologic test positive for Varicella antibody OR	Date _____ Results _____
C. Physician documented history or diagnosis of Varicella	Date _____ Results _____

DIPHTHERIA TETANUS (TD): One dose within past 10 years	Date _____
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PRIMARY CARE PROVIDER INFORMATION	
Printed Name	
Address	
Signature	Date