

**LAREDO COLLEGE  
HEALTH SCIENCE DEPARTMENT**

**IMMUNIZATION, CPR, & DRUG SCREEN INFORMATION**

**Required Documents must be submitted to complete the application and admissions process and prior to enrolling in any health science division program.**

Most applicants have had the required immunizations, only verification of immunization is necessary. If documentation is not available, vaccines can be obtained at LC's Student Health Services. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. **Documentation for verification may include:**

- \* United States clinic or school immunization records.
- \* U.S. Physician-validated history of illness for measles or mumps.
- \* Military records, and/or
- \* International health cards

The Center for Disease Control through the Texas Department of State Health Services mandates that all students enrolled in a health science program, receive the following vaccines **PRIOR TO DIRECT PATIENT CONTACT**.

1. Tetanus-Diphtheria... one dose (TDaP) every ten years: NO AGE EXEMPTION
2. Measles, Mumps Rubella (MMR)... Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
3. Complete series of Hepatitis B Vaccines ... Serologic confirmation of immunity to the Hepatitis B virus acceptable.
4. Two doses of Varicella (chickenpox).Also acceptable:
  - a. Student received first dose prior to 13 years of age
  - b. Laboratory report indicating Varicella immunity, or
  - c. Parent/physician validated history of Varicella disease (chickenpox)
5. Bacterial Meningitis...Legislative Bill 1107 requires that all college students under the age of 21 must receive a vaccine by 2012.
6. TB skin test (annually) or a Negative Chest X-ray at the provider's discretion is acceptable.
7. RECOMMENDED: Hepatitis A
8. Flu Shot (annually)

**CPR:** Documentation of current American Heart Association Health Care Provider CPR card must be provided and maintained.

**DRUG SCREEN: A NEGATIVE (10 PANEL) URINE DRUG SCREEN** is required and must be submitted for **ALL Health Sciences Programs**. Lab Corp (PTA, OTA, Phlebotomy)

Changes to immunization requirements received from the Center for Disease Control will be incorporated into all Health Science Programs.10

**LAREDO COLLEGE  
HEALTH SCIENCE DEPARTMENT  
IMMUNIZATION VERIFICATION FORM**

**NAME:** \_\_\_\_\_ **LCC P-ID:** \_\_\_\_\_

1. The Texas Department of State Health Services (DSHS) rule §97.64 mandates that all students enrolled in health related courses must have all the following vaccinations **PRIOR to direct patient contact**. Evidence of vaccination/immunity must be submitted to complete the application and admissions process. It is the applicant's responsibility to **maintain current immunization status** and submit updated documentation to the Health Science Department upon admission and enrollment in program courses.

**DATES**

- |   |    |       |
|---|----|-------|
| 1. Complete the Hepatitis B Vaccine series:   | #1 | _____ |
| Serologic confirmation of immunity to the HBV is acceptable                                 | #2 | _____ |
|   | #3 | _____ |
| 2. <b>Tetanus-Diphtheria (TDaP)</b> one dose required within the last ten years:            | #1 | _____ |
| 3. <b>Measles, Mumps, and Rubella (MMR)</b> ...Students born on or after                    | #1 | _____ |
| January 1, 1957, must show acceptable evidence of vaccination of                            | #2 | _____ |
| two doses of Measles, Mumps, and Rubella.   |    |       |
| 4. Varicella Titer documenting immunity, Parent/physician validated                         |    |       |
| history of Varicella disease (chickenpox), or Two doses of Varicella Vaccine:               | #1 | _____ |
|   | #2 | _____ |
| 5. <b>Bacterial Meningitis</b> ... Legislative Bill 1107 requires that all college students | #1 | _____ |
| must receive a vaccine by 2012.   |    |       |
| 6. <b>RECOMMENDED: Hepatitis A (HepA) Vaccines (2 doses)</b> #1 _____ #2 _____              |    |       |
| 7. Flu Shot (annually)  |    | _____ |
| 8. TB skin test (annually): <b>Date:</b> _____ <b>Date:</b> _____ <b>Results:</b> _____     |    |       |
| 2 <sup>nd</sup> dose: <b>Date:</b> _____ <b>Date:</b> _____ <b>Results:</b> _____           |    |       |

A **Negative Chest X-Ray** is acceptable at the providers discretion: **Date:** \_\_\_\_\_

**Results:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

Provider Name and Title (Print)	Signature of Provider	Date	Contact number
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As changes in health requirements are received from the Texas Department of Health or the Center for Disease Control, they will be incorporated into the Health Science Division Programs.