

BERGEN COMMUNITY COLLEGE
Student Health Services
PHONE (201) 447-9257
FAX (201) 447-0327

Dear Student: _____ SS#/ID# _____

Date: _____ Program: _____

You have not submitted the required test and inoculations. Please forward the results of the following tests.

Nursing/Allied Health students are not permitted to enter the clinical area of a hospital unit all inoculations and test are completed.

ALL VACCINES MUST BE CURRENT

1. Measles, Mumps, Rubella I Vaccine
2. Measles, Mumps, Rubella II Vaccine
3. Measles Vaccine
4. Mumps Vaccine
5. Rubella Vaccine
6. Measles Titer (copies of titer **must** be attached)
7. Mumps Titer (copies of titer **must** be attached)
8. Rubella Titer (copies of titer **must** be attached)

9. Tetanus (within the last ten years)

10. Mantoux Tuberculin Skin Test (must be done every year)

11. Chest X-ray (only if mantoux is **positive**)

12. Varicella Titer (copies of titer **must** be attached)
13. Varivax I
14. Varivax II (4-8 weeks after first)

15. Hepatitis B Vaccine: Dose 1 _____ Dose 2 _____ Dose 3 _____

16. Medical Report

17. Medical/Health Insurance verification