

NMCC Immunization Requirements

The following form must be completed and signed by a physician, nurse practitioner, school nurse, or a health official.

The Maine Community College System and Maine State Law requires that the following be completed. **IMMUNIZATIONS DATA WILL ONLY BE ACCEPTED ON THIS FORM.**

Students name: _____ **Date Of Birth** _____ **Social Security #** _____

STUDENT'S MUST HAVE:

1.) Diphtheria-Tetanus Pertussis (Tdap or equivalent) within the last 10 years Date _____

2.) 2 Doses of MMR (Measles, Mumps, and Rubella) _____
Date 1: _____ Date 2: _____

Or MMR Titers _____
(Date & Results) Measles Titer _____ Mumps Titer _____ Rubella Titer _____

Signature of Physician/Health Care Professional

Date

Name (Please Print or Type)

Telephone

Please return to: **NMCC**
Admissions
33 Edgemont Drive
Presque Isle, ME 04769
Fax: 207-768-2848

Physical Examination (**OPTIONAL**)

Name _____ Age _____ Sex _____

GENERAL _____ Height _____ Weight _____

VITAL SIGNS: Temp _____ Pulse _____ Resp. _____ BP _____

SKIN: _____

HEAD: _____

EYES: Pupils _____ Fundi _____ Last Eye Exam _____ Glasses/Contacts _____

EARS _____

NOSE _____

PHARYNX _____

TEETH _____

NECK _____

THYROID _____

LYMPHADENOPATHY _____

BACK _____

CVA TENDERNESS _____

LUNGS _____

BREASTS _____

HEART _____

MURMURS _____

ABDOMEN _____

HERNIA: _____

NEURO: Motor _____

SENSORY _____

Mental Status: _____

Ms: Deformities _____ Edema _____ Varicosities _____.

GENITAL: FEMALE (OPTIONAL)

MALE: (OPTIONAL)

EXTERNAL _____

EXTERNAL _____

PELVIC _____

TESTES _____

PENIS _____

LABORATORY (Optional)

URINE: Glucose _____ Protein _____ PH _____ Blood _____

CBC: Hgb _____ Hct _____ WBC _____ Platelet _____ Lymph _____

IMPRESSION: _____

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EXAMINER: _____

DATE: _____