

NMCC Immunization Requirements
(For students in Nursing, Allied Health, and Education Programs)

**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 Booster 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 _____

3.) Hepatitis B Series
Injection 1 _____ Injection 2 _____ Injection 3 _____

Required: Hepatitis B Titer: _____
Date _____ Results _____

4.) Varicella Titer: _____
Date _____ Results _____

Or Varivax injections required 1. _____ 2. _____
Date _____ Date _____

5.) Tuberculin Test (PPD) Note: If this is your first TB test or previous test is over one-year old a two-step method is required.

Step 1.) Type: _____ Date Administrated _____ Signature: _____
Date Read: _____ Results: _____ Signature: _____

Step 2.) Type: _____ Date Administrated _____ Signature: _____
Date Read: _____ Results: _____ Signature: _____

Signature of Physician/Health Care Professional _____ Date _____

Name (Please Print or Type) _____ Telephone _____

Address (Please Print or Type)

Physical Examination (*Required*)

(Required for: Allied Health, Medical Assisting, Nursing, EMS, and ECE)

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 (REQUIRED)

URINE: Glucose _____ Protein _____ PH _____ Blood _____

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

IMPRESSION: _____

Return To: NMCC Admissions

33 Edgemont Drive

Presque Isle, Maine 04769

2/2015

EXAMINER: _____

DATE: _____