

NMCC Immunization Requirements
(For students in Nursing and Allied Health 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 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

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)

*All Allied Health students are required to have flu vaccine in the fall semester.

Physical Examination (*Required*)

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

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: _____

**Return To: NMCC
Admissions Office
33 Edgemont Drive
Presque Isle, Maine 04769
Fax: 207-768-2848**

EXAMINER: _____

DATE: _____