



MEDICAL LABORATORY TECHNICIAN PROGRAM
MID-PLAINS COMMUNITY COLLEGE

VACCINATION REQUIREMENTS

Physician's signature is required to verify accuracy of information supplied.
All immunizations must be complete prior to enrollment.

STUDENT NAME: (LAST) (FIRST) (MIDDLE) (MAIDEN)
ADDRESS: (STREET) (CITY) (STATE) (ZIP)
PHONE: (HOME) (WORK) EMAIL:
DATE OF BIRTH: SOCIAL SECURITY NUMBER:

This section is to be completed by a physician or health care facility official and signed on the back of this form.

HEPATITIS B - required

All MLT students are required to have the Hepatitis B vaccine series. If the student has received the Hepatitis B vaccine series, please certify the following. If vaccine series was completed more than 10 years ago a quantitative AB titer is needed.

Name of vaccines received: Date of vaccine

- 1.
2.
3.

Post-vaccine quantitative antibody titer:

Date/Results:

Must have proof of initial dose prior to enrollment. The series must be completed prior to beginning of the 2nd year fall classes.

VARICELLA (Chicken Pox) - required

- All MLT students must submit one of the following:
a. Signed physician's record documenting immunization.
OR
b. Laboratory report of positive immune serum antibody titer (IGG).
c. Signed physician's record documenting disease.

Date of first immunization:
AND
Date of second immunization:
OR
Date & result of VARICELLA titer:
OR
Date of disease:

MEASLES - MUMPS - RUBELLA - required

- All MLT students must submit one of the following:
a. Signed physician's record documenting immunization.
OR
b. Laboratory report of positive immune serum antibody titer (IGG).

Date of first immunization:
AND
Date of second immunization:
OR
Date & result of Rubeola titer:
Date & result of MUMPS titer:
Date & result of RUBELLA titer:

Diphtheria - Pertussis - Tetanus - required

All MLT students must submit proof of booster shot within the past 10 years.

Date of DPT booster:

MENINGITIS - required

All MLT students must submit proof of immunization.

Date of vaccination:

POLIO - optional but recommended

Date of vaccination:
Decline vaccination:

INFLUENZA - optional but recommended

Date of vaccination:
Decline vaccination:

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REQUIRED TESTING – MANDATORY TB TESTING DOCUMENTATION

The Mid-Plains Community College Medical Laboratory Technician Program requires all students to have documentation of a recent (within 1 year of enrollment) **Mantoux** PPD two-step TB skin test to enroll in the MLT program. The student is responsible for having the required testing and it is at his/her expense. **The testing must be done and this form must be completed by a licensed health care provider then returned by the student to the MLT Program director at least one (1) month prior to enrollment. Having taken the BCG vaccine is NOT an exemption from TB testing.**

Positive test reactors will be required to have a chest x-ray (at student's expense) to confirm there is no active disease. Students with active disease must document that they are being treated and complying with their prescribed treatment protocol. Students with active disease that cannot document they are being treated and/or complying with their prescribed treatment protocol are not eligible for enrollment in the MLT program. A second **Mantoux** PPD TB skin test is required during the semester prior to beginning clinical training (pre-clinical).

Information to be completed by Licensed Health Care Provider

TB Skin Test:

Mantoux PPD two-step Skin Test

Initial 2 Step test – Part 1: Date Applied _____ Date Read _____

Reading (Positive reaction measured in mm) or Negative _____

Initial 2 Step test – Part 2: Date Applied _____ Date Read _____

Reading (Positive reaction measured in mm) or Negative _____

1 Step test (pre-clinical) Date Applied _____ Date Read _____

Reading (Positive reaction measured in mm) or Negative _____

Chest X-ray required if: Patient has had previous positive TB skin Test or if above test is Positive – **Past Positive Test - YES or NO**

Date Completed: _____

Reading – results of x-ray: _____

Signature of Radiologist: _____

Facility where X-ray was taken: _____

Address: _____

PHYSICIAN/HEALTH CARE FACILITY INFORMATION
TO THE PHYSICIAN: Please indicate above if the student is NOT protected against any of these diseases.

Physician/Provider Name (Print) _____

Address _____ Phone () _____
Street City/State Zip

Title (M.D., D.O., P.A., N.P.) Date Signature

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Important Student Immunization Record

DIRECTIONS: Return the Immunization Record to the Medical Laboratory Technician Program director at least 30 days prior to beginning of fall semester.

If you are accepted less than 30 days before beginning of fall semester, please **hand-deliver** your Immunization Record to the MLT Program director as soon as possible. You should go to your physician or health care provider immediately with this form, since it may take some time to obtain the required information and signature. Return your completed form to:

**MLT Program
Mid-Plains Community College
1101 Halligan Drive
North Platte, NE 69101**

It is strongly recommended that you obtain required routine immunizations (TB skin test, DPT, MMR, Varicella, Hepatitis B) before enrollment to minimize any adverse reactions during the early part of your education/training.

STUDENTS WHO ARE NOT PROPERLY IMMUNIZED CANNOT BE ACCEPTED INTO THE MLT PROGRAM.

The MLT Program will accept a legible copy of any physician signed document(s) proving you have had required immunizations. (You should retain original documents and keep them with your other permanent personal records.) **However, all information needs to be transferred to this form and signed by a Health Care Provider.**

NOTE: Any student submitting false or fraudulent information will be subject to disciplinary action.