



Student Name: _____

Medical Assisting
Fall 2024

List of Required Immunizations

The following guidelines for immunizations have been recommended by the U.S. Centers for Disease Control and Prevention and are required by the clinical agencies.

- A. _____ **Tetanus-Diphtheria-Pertussis Both need to be completed.**
1. Completed primary series of Tetanus-Diphtheria immunizations
 2. Tetanus-Diphtheria booster required within the last 10 years
- B. _____ **MMR (Measles, Mumps, Rubella) Please complete either 1, 2, or 3 below.**
1. **If born after 1/1/57** – Written documentation of two doses of MMR or measles vaccination on or after first birthday or titer documentation is required.
 2. **If born before 1957** – One dose of measles vaccine or MMR vaccine or titer documentation is required.
 3. Positive MMR Titer (Proof of Immunity)
- C. _____ **Varicella (Chicken Pox) Please complete either 1 or 2 below.**
1. Positive Varicella Titer (Proof of Immunity)
 2. Immunizations (**TWO** immunizations required)
- D. _____ **Tuberculosis**
Please complete either 1, 2, 3 or 4 below.
1. Negative PPD within the last 12 months
 2. PPD 2 Tier (1-2 weeks apart) – Test & negative reading
 3. PPD - Chest X-ray (chest x-ray must be within one year prior to this exam) or symptom review required.
 4. QuantiFERON Blood Test
- E. _____ **Hepatitis B Series**
Option 1: (Hepislav, preferred) **TWO** doses are required) or Titer.
Option 2: (Energinx / Recombivax) **THREE** doses are required) or Titer.
TWO must be completed by **1st day of class & 3rd dose** by **xxxxxxxxxx**
- F. _____ **Flu Shot** 1 dose, current season (August 202 – present).
- F. _____ **COVID-19 Vaccine** –prior to 2023: Either (2) Pfizer or Moderna or (1) Johnson and Johnson plus booster
Or 2023 – present – 1 dose