BERKSHIRE COMMUNITY COLLEGE

MANDATORY IMMUNIZATION REQUIREMENTS FOR SURGICAL TECHNOLOGY

Student Name _____
Please print: *Last* *First* *Middle*

Home Address _____
Street/PO Box *City* *State* *Zip*

Student ID# _____ Date of Birth ____/____/____
mm *dd* *yy*

Email Address _____

TO THE EXAMINING HEALTH CARE PROVIDER: Please review and complete this BCC Immunization Report.

Please send completed form to:
Berkshire Community College
Attn Colleen Hunkler, Health and Immunization and Records Office, Room H323
1350 West Street, Pittsfield, MA 01201

Phone: 413-236-4609
Fax: 800-724-9943
Email: medicalrecords@berkshirecc.edu

IMMUNIZATION REQUIREMENTS		Reports of Titer	Dates of Vaccination
1	**MMR**: Proof of positive titer that demonstrates immunity. If immunity is not seen, 2 series dose of MMR vaccine. First dose prior to the start date of clinical and second dose in 30 days from the first.	☐ Yes; *Laboratory reports attached*	1. 2.
2	**Varicella:** Proof of positive titer that demonstrates immunity. If immunity is not seen, 2 series dose Varicella vaccine. First dose prior to the start date and second dose in 30 days from the first.	☐ Yes; *Laboratory reports attached*	1. 2.
3	**Hepatitis B**: Proof of 1 positive titer. If it is negative, 3 series doses of Hepatitis B vaccine may be completed, or declination may be signed.	☐ Yes; *Laboratory reports attached*	☐ HepB 1 2 3
4	**Tb/Tuberculosis:** Documentation of Negative T-spot or QuantiFERON. Followed by an annual Tb interview form, with T-spot to be repeated if affirmative answers to form.	☐ Bloodwork : T-spot ☐ Laboratory report	Tb skin test result: Plant date: Read date
5	**T-dap vaccine:** 1 dose; and history of a DTaP primary series or age appropriate catch-up vaccination. Within 10 years prior to clinical assignment/ observation.	Tdap date:	
6	**Meningoccal: 1 dose** MenACWY required for all full-time students 21 years of age or younger.	Date:	
7	**Covid-19 vaccine:** completed series. If booster received, please include.	Vaccine manufacturer:	1. 2.
		Booster manufacturer:	1.
8	**Flu vaccine:** during flu season (October-March)	Date:	
9	**Ishihara Test**: Required for faculty and students who need to identify color for specific tests, such as POC testing		

Health Care Provider's Signature _____

Print Provider's Last Name _____ Date _____

Rev. Mar/25/2022