

**Prince William Sound Community College**  
**Records of Required Immunizations**  
**Please retain a copy for your personal records**

PLEASE PRINT IN INK

Name: \_\_\_\_\_  
Last                      First                      Middle                      Social Security

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ New Student: \_\_\_\_\_ Returning Student: \_\_\_\_\_

Proof of required immunization is mandatory of all students living in Student Housing at Prince William Sound Community College. This form must be completed and signed by a physician or a clinician and returned to the Student Services office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of PWSCC Admission. See #6 on back.	Month____ Year ____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #8 on back.	Primary series completed Month____ Year ____	Booster Month__ Year __
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month____ Year ____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See #7 on back.	1 <sup>st</sup> series Month____ Year ____	2 <sup>nd</sup> series Month____ Year ____

Clinician or Public Health Official

Certification of Dates of Immunization and Freedom From Active Tuberculosis

Signature : \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Description of Immunization Requirements

1. Proof of a series of 4-5 doses of diphtheria-pertussis (DPT) or tetanus-diphtheria (Td) vaccine. If the series has been previously received, a booster Td dose is needed within the past ten years.
2. Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.
3. Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968. Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at PWSCC.
4. Proof of one dose of rubella vaccine (German measles). Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1<sup>st</sup> birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of these diseases. Live vaccines are not recommended, however, for pregnant women.
6. A tuberculin skin test within one year preceding registration (unless adequately treated for TB). If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. A second booster shot is now required after the MMR at 15 months.
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.

There are many sources for obtaining immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatricians office or your parents.

**STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.**

Return this completed form signed by a physician or clinician to:  
Prince William Sound Community College  
303 Lowe Street  
PO Box 97  
Valdez, AK 99686

Any questions about housing please contact us at 907 834 1631  
To talk about immunization call the Valdez Medical Clinic at 907 835 4811