

Central New Mexico Community College  
 School of Health Wellness and Public Safety  
**Immunizations Form**  
 224-4111

Health Care Resources for CNM Students:  
 Insurance Options: UNM Cares 1-888-453-1304, 272-2521. Insure New Mexico 1-888-997-2583

**REQUIRED IMMUNIZATIONS (LIST DATE LAST IMMUNIZED)**

Tdap (Tetanus/Diphtheria/Pertussis) Date \_\_\_\_\_  
**\*Tdap within the last 10 years \***

MMR Date of Immunizations #1 \_\_\_\_\_ #2 \_\_\_\_\_  
**\*Must have TWO MMRs**

*OR (Both are NOT Required)*

MMR Titer Date drawn \_\_\_\_\_  
 (Immune)  (Non-Immune)  Date \_\_\_\_\_

***\*If non-immune, vaccine must be given 2 weeks prior to the start of the clinical rotation\****

Tuberculin skin Test Date Placed \_\_\_\_\_  
 Date Read \_\_\_\_\_  
 Result \_\_\_\_\_ **\*Must be within 1 year\***

Varicella Date of Immunizations #1 \_\_\_\_\_ #2 \_\_\_\_\_

*OR (Both are NOT Required)*

Varicella Titer Date drawn \_\_\_\_\_  
 (Immune)  (Non-Immune)  Date \_\_\_\_\_

***\*If non-immune, vaccine must be given 2 weeks prior to the start of the clinical rotation\****

**\*If positive\*** Chest X-ray or TB Gold required  
 X-ray Date and Results \_\_\_\_\_  
 TB Gold **\*within 1 year \*** Date \_\_\_\_\_  
 Result \_\_\_\_\_

Flu Vaccine Annual (Required September-March) Date of Immunization \_\_\_\_\_ Location \_\_\_\_\_

Hepatitis B	#1 _____ Date	#2 _____ Date	#3 _____ Date	Titer Date _____ Immune <input type="checkbox"/> Non-Immune <input type="checkbox"/>
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**RECOMMENDED IMMUNIZATIONS**

Hepatitis A	#1 _____ Date	#2 _____ Date	
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Pneumonia Vaccine (after age 50) Date \_\_\_\_\_

**\*\*\*Proof of both an immunization and titer is NOT required. You will need to provide proof of either an immunization OR a positive titer\*\*\***

**\*\*\*Proof will be submitted by uploading documentation to MyRecordTracker user portal, NOT in-person\*\*\***