



IMMUNIZATION RECORD

This form must be completed before the student will be allowed to attend Lake Area Technical College

Name _____ Sex: M F
(Last) (First) (Middle)

Student ID # _____ Date of Birth _____

A. Required for ALL LATC students born after 1956

MMR (2 doses) _____ (Date) _____ (Date) or Titer _____ (Date)
Immune ____ yes ____ no

B. Required for students entering the following HEALTH PROGRAMS:

Health programs include: Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant, Physical Therapist Assistant, and Nursing (#1-4)

1. Two Step Tuberculin Skin Test Pos. _____ (Date) Neg. _____ (Date)
or Pos. _____ (Date) Neg. _____ (Date)
Quantiferon Gold Blood Test Pos. _____ (Date) Neg. _____ (Date)
If positive reactor, Chest X-ray is required (or note from doctor), document results
Pos. _____ (Date) Neg. _____ (Date)
2. *Tdap vaccination _____ (Date) (Nursing requires every 10 years)
3. Hepatitis B Vaccine (series of 3) or signed waiver _____ (Date) _____ (Date) _____ (Date)
PN and RN-Titer only Pos. _____ (Date) Neg. _____ (Date)
If not immune, follow advice of health care provider.
4. Varicella (chicken pox) Titer or 2 doses of vaccination
2 doses _____ (Date) _____ (Date)
or Titer _____ (Date) Immune ____ yes ____ no

C. Official signature must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.

Health Care Provider's Signature _____

Name of clinic and/or
Address _____

Print Last Name _____

Date _____

Return all information to:
Admissions Office
Lake Area Technical College
PO Box 730
Watertown SD 57201
Phone: 605-882-5284
Fax: 605-882-6299

Important!

Immunization Form **required** to attend Lake Area Technical College

Obtaining proof of immunization may be a time-consuming process, so start now!
Incomplete information may result in a delay or even prevent you from attending LATC.

INSTRUCTIONS

Section A

MMR, Individual doses of Measles, Mumps & Rubella, or Lab Titers This section is required for **ALL** LATI students born after 1956.

Due to regulations mandated by the South Dakota State Health Department, medically signed proof of TWO properly administered immunizations **OR** immune titers for Measles(Rubeola), Rubella and Mumps are now required for all new, readmitted and transferred students of all State Institutions. Official documentation from a physician's office, department of health, high school or university is acceptable. Individual shot records may be used if the injections were signed or initialed by the doctor or nurse. If you have only one immunization, the required second immunization may be administered not less than one month after the first immunization. Students who fail to provide the required proof of immunization **WILL NOT BE ABLE TO ATTEND CLASSES** until in compliance.

As an alternative to the requirement for a physician's certification, the student must present an exemption form for the following situations.

1. Certification from a licensed physician stating the physical condition of the student would be such that immunization would endanger the student's life or health;
2. Certification from licensed physician stating the student has experienced the natural disease against which the immunization protects;
3. Confirmation from a laboratory of the presence of adequate immunity; or
4. A written statement signed by the student that the student is adherent to a religious doctrine whose teachings are opposed to such immunizations. If the student is under the age of eighteen, the written statement shall be signed by one parent or guardian.

Section B

This section is required for all students enrolled in a health program. Health programs include: Community Health Worker, Cosmetology, Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant and Physical Therapy Assistant, and Nursing (need #1-4). Cosmetology needs only 3-Hepatitis B Vaccine series of 3 or signed waiver.

Section C

This section is required for all students. A physician's office, clinic or health department name and address **AND official signature** must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.