

## Vaccine Attestation Form for the **Nursing Assistant Program**

In order to be considered for acceptance into the Nursing Assistant Program, you will need to upload this form with your online application.

**Student Name:** \_\_\_\_\_

<b>Varicella Vaccine (Chicken Pox)</b>  <input type="checkbox"/> I have completed the two varicella vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.	<b>MMR Vaccine (Measles, Mumps &amp; Rubella)</b>  <input type="checkbox"/> I have completed the two MMR vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.		
Date of vaccine/titer:		Date of vaccine/titer:	
Signature:		Signature:	
<b>Hepatitis B Vaccine</b>  <input type="checkbox"/> I have completed the three Hep B vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.	<b>Tdap/Td Vaccine (Tetanus, diphtheria, pertussis)</b>  <input type="checkbox"/> I have received a recent Tdap/Td booster. Boosters must be within the last ten years.		
Date of vaccine/titer:		Date of vaccine/titer:	
		Signature:	
<b>COVID-19 Vaccine</b>  <input type="checkbox"/> I have completed a COVID booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver ( <i>no date required if submitting a waiver</i> )	<b>Annual/Seasonal Flu Vaccine</b>  <input type="checkbox"/> I have completed the annual Flu booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver ( <i>no date required if submitting a waiver</i> )		
Date of vaccine/titer:		Date of vaccine/titer:	
Signature:		Signature:	

*You will be required to show **official vaccine documentation** during the new student orientation*

*If you have any questions, contact [healthsciences@clackamas.edu](mailto:healthsciences@clackamas.edu).*