Clackamas Community College
HEALTH SCIENCES

Nursing Assistant Program

Vaccine Attestation Form for the Nursing Assistant Program

To be considered for acceptance into the Nursing Assistant Program, you will need to upload this form with your online application. The purpose of this attestation form is to provide confirmation that you have received the required vaccinations and/or titers.

Applicant/Student Name: _____

Varicella Vaccine (Chicken Pox)	☐ I have completed the two varicella vaccines **or** ☐ I have received a blood titer confirming the status of my immunity.	**MMR Vaccine (Measles, Mumps & Rubella)**	☐ I have completed the two MMR vaccines **or** ☐ I have received a blood titer confirming the status of my immunity.
Date of vaccine/titer:		Date of vaccine/titer:	
Applicant Signature:		Applicant Signature:	

Hepatitis B Vaccine	☐ I have completed the three Hep B vaccines **or** ☐ I have received a blood titer confirming the status of my immunity.	**Tdap/Td Vaccine (Tetanus, diphtheria, pertussis)**	☐I have received a recent Tdap/Td booster. *Boosters must be within the last ten years.*
Date of vaccine/titer:		Date of vaccine/titer:	
Applicant Signature:		Applicant Signature:	

COVID-19 Vaccine	☐ I have completed a COVID booster **or** ☐ I plan on submitting a declination waiver *(no date required if submitting a waiver)*	**Annual/Seasonal Flu Vaccine**	☐ I have completed the annual Flu booster **or** ☐ I plan on submitting a declination waiver *(no date required if submitting a waiver)*
Date of vaccine/titer:		Date of vaccine/titer:	
Applicant Signature:		Applicant Signature:	

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

If you have any questions, contact healthsciences@clackamas.edu.