

**BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSE PROGRAM**

Immunization Record and Titers – PART A

Name: _____ **DOB:** _____

Address: _____

**** This form is to be submitted within 30 days of candidate's acceptance to the Practical Nurse Program. The Health Clearance form and Immunization Screening Record – Part B will be due by August 15th (prior to start of Program). ****

In accordance with the Massachusetts Board of Registration in Nursing regulation 244 CMR 6.04(3)(a) all candidates for admission are required to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health. <https://www.mass.gov/doc/immunization-requirements-for-school-entry-updated-21226/download>

Certain clinical agencies can have immunization requirements that exceed those of the MA Department of Public Health and as a result, the PN Program cannot make any exceptions. Failure to provide all required documentation may exclude the prospective candidate from participation in the Program and clinical practice.

REQUIRED TITERS	TITER DATES AND RESULTS	
MMR (Measles, Mumps, & Rubella)	Date:	Result:
Varicella (Chicken Pox)	Date:	Result:
Hepatitis B	Date:	Result:
• Attach official lab report to demonstrate your actual immunity values. • If a titer is negative or equivocal, you must get a booster shot or redo the full vaccine series. • If you have to get a booster or a new series, you must get a follow-up blood test afterward to re-check your immunity status. • If your blood test is still negative, you will sign a non-responder waiver.		

REQUIRED IMMUNIZATIONS	
Tdap (Diphtheria, Tetanus, Pertussis) within 10 years	Date:
COVID-19 Vaccine: Proof of COVID vaccination and/or any current COVID-19 booster(s)	Date(s):
<i>*Our affiliated clinical agencies may require additional COVID-19 vaccine requirements and/or COVID testing.</i>	

Meningococcal: 1 dose MenACWY (formerly MCV4) required for candidate 21 years of age or younger.	Date:
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Provider Signature _____ Date _____
(*Stamp is NOT ACCEPTABLE in place of signature)

Address _____

Please return via postal mail to: Practical Nurse Program, Bristol-Plymouth Regional Technical School, 207 Hart Street, Taunton, MA 02780. Fax number (currently pending – to be posted at www.bptech.org/PN when available). Immunization Record and Titers - Part A with lab evidence may be hand-delivered by candidate.

IMMUNIZATION REQUIREMENTS and TITERS – PART A

Attention Healthcare Provider:

The student must get blood tests (titers) and immunizations to be admitted. No exceptions. Simply providing the dates of past vaccines or writing that the student was ill in the past is not acceptable. You must provide the actual titer results.

In accordance with the regulatory requirements of the Massachusetts Board of Registration in Nursing, the candidate for admission must provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health (ref: 244 CMR 6.04(3)(a)1) for Health Care Personnel and can be reviewed at: [Mass.gov/adult occupational immunizations](https://www.mass.gov/adult-occupational-immunizations) and Massachusetts DPH Immunization of Students Before Admission to School (ref: 105 CMR 220.000).

Certain clinical agencies have immunization requirements that exceed those of the MA Department of Public Health and as a result, the PN Program cannot make any exceptions. Failure to provide all required documentation may exclude the prospective candidate from participation in the Program and clinical practice.

❖ MMR (Measles, Mumps, Rubella), Varicella, and Hepatitis B

A lab report (on lab letterhead and obtained from the lab performing the test, NOT documentation from a medical record) that documents that the student has sufficient antibody protection against Hepatitis B, measles, mumps, rubella (MMR), and varicella. Dates of immunizations, without these titers, will not be accepted.

❖ Tdap (TD/Diphtheria, Tetanus, Pertussis)

Documentation of ADULT pertussis-containing vaccine within 10 years of time of application to the Program. If the 10-year duration of the vaccine will lapse at any time during Program enrollment, the applicant is required to receive the immunization prior to admission to the program.

❖ Meningococcal (MenACWY)

ONLY required for applicants who are 21 years of age or younger.

❖ COVID Vaccination

Specific details will be provided in accordance with state, regulatory and clinical agency requirements.

Acceptance to the Program is contingent upon submission of complete and verifiable documentation demonstrating compliance with the immunization requirements by August 15th.

DISCLAIMER: *The above are subject to change in accordance with the requirements of the Massachusetts Department of Public Health and/or the Massachusetts Board of Registration in Nursing.*