



# Child Development Department Immunization Record (SB 792)

Please take this form and current immunization record to Student Health Centers on campus. **ALL IMMUNIZATIONS MUST BE COMPLETED BEFORE YOU START LAB OR SERVICE LEARNING HOURS.** Upon completion, please turn this form into your CHDV Professor immediately. Please contact Student Health Centers for an appointment at: (760) 744-1150 Ext. 2380 or via their website: <http://www2.palomar.edu/pages/healthservices/>.

Last Name	First Name	Middle Name
		Date of Birth
Palomar Student ID #		
Enter the Semester Year: Spring _____ Fall _____		
Circle the CHDV Classification#: 105 201 202 203 204 or Service Learning Student		
Please print in black ink. To be completed and signed by Student Health Centers. A complete immunization record from a physician or clinic must be attached to this form unless receiving these immunizations at Palomar Student Health Centers. <b>Student to confirm identifying information above is complete before submission.</b>		

Required Immunizations	Month/Day/Year #1	Month/Day/Year #2
MMR (measles required) _____ OR _____		
Positive Titer for Measles _____		
Tdap (pertussis required) _____		
Flu (Influenza) Shot OR Student Initial to Decline _____	<input type="checkbox"/> Check Box & Initial Here to Decline: _____	

Tuberculin (PPD) Test (within 12 months)	Date Read mm induration	
Previously Tested Positive for TB Negative Chest X-Ray or Negative TB Screening (within 12 months)	Date Results	
TB Treatment if applicable	Date Completed	

STUDENT Release

I hereby authorize Student Health Centers to exchange information on this form with Palomar College CHDV faculty and lab placement site(s).

Initial Here: \_\_\_\_\_

**Signature REQUIRED:**

\_\_\_\_\_  
Signature Registered Nurse Date

\_\_\_\_\_  
Print Name Registered Nurse Phone Number

\_\_\_\_\_  
Office Address City State Zip Code

\_\_\_\_\_  
**STUDENT Signature** Date