Palomar College Child Development & Education 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 the Student Health Services Website.

Last Name	**First Name**	**Middle Name**	**Date of Birth**	**Palomar Student ID #**
Semester:	Spring	Fall	**Year:**	

Circle Your Classification: CHDV 105 CHDV 201 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. Student to confirm identifying information above is complete before submission.

Required Immunizations	Month/Day/Year
MMR (measles required – OR –	#1 #2
Positive Titer for Measles	
Tdap (pertussis required)	
Flu (Influenza) Shot - OR – ☐ Check box & initial to decline	
Tuberculin (PPD) Test – withing 12 months	Date Read: mm induration:
Previously Tested Positive for TB Negative Chest X-Ray or Negative TB	Date Results
Screening (withing 12 months)	
TB Treatment if applicable	Completed

☐ **Student Release:** I hereby authorize Student Health Center to exchange information to this form with Palomar College CHDV & EDUC Department faculty for lab placement.

Signature Registered Nurse Date

Print Name Registered Nurse Phone Number

Office Address, City, State Zip Code

Student Signature Date

Remember to review for accuracy, sign, and date before submitting this form to the department or your instructor. Incomplete or inaccurate forms will be returned.