

Name of Applicant _____ SCC ID# _____

Address _____ City _____ State _____ ZIP _____

Soc. Sec. No. _____ Program _____

NOTE: THIS FORM WILL NOT BE ACCEPTED IF ANY PORTION IS LEFT INCOMPLETE.

Immunity or Vaccination: State date of vaccination, including boosters.
If vaccination is not indicated, physician must specify reason or immunity must be proven with titer.

■ **Tetanus** (within last 10 years) _____ **Diphtheria** _____

■ **Chicken Pox** (Varicella-Zoster) Date of diagnosed disease: Month _____ Year _____
or

Varicella-Zoster Virus Titer Date _____ Findings _____

■ **Mumps** Date _____
or

Mumps Titer Date _____ Findings _____

■ **Rubeola** (2 doses required or evidence of immunity) _____ and _____
or

Rubeola Titer Date _____ Findings _____

(If not immune, further immunization required)

■ **Rubella** (2 doses required or evidence of immunity) _____ and _____
or

Rubella Titer Date _____ Findings _____

(If not immune, further immunization required)

■ **Hepatitis B Antibody** Date _____ Findings _____
or

(If negative, 3 immunizations required)

Hepatitis B (Required for all health programs except Human Services. Recommended for all students in acute care settings.)

Dates of 3 vaccinations _____, _____, and _____.

If series is in progress, first vaccination must be indicated and you must submit written verification of additional vaccinations as received.

■ **Skin test for tuberculosis and/or Chest X-Ray** (within last 12 months)

Date _____ Findings _____

Physician or
Registered Nurse Signature _____

Address _____
STREET ADDRESS CITY STATE ZIP

Phone Number _____ Date _____

Return BOTH copies to the Campus you plan to attend:	
Southeast Community College –Beatrice Attn: Admissions Office 4771 West Scott Road Beatrice, NE 68310-7042 (402)228-8214	Southeast Community College –Lincoln Attn: Admissions Office 8800 "O" Street Lincoln, NE 68520-1299 (402)437-2600