DC HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Nursing Assistive Personnel Training Programs
Student Immunization Form

Vaccine	Vaccination Date	Date Antibody Testing/ Immunity Results *	Healthcare Provider Initial **
Hepatitis B Vaccine – Recombivax HB or Engerix-B series 3 dose series or	#1		
	#2		
	#3		
Hepatitis B Vaccine – Heplisav-B 2 dose series	#1		
	#2		
Tetanus, Diphtheria, Pertussis (Tdap or Td) 1 dose (within 10 yrs.)			
Measles Mumps Rubella (MMR)	#1		
	#2		
Varicella (VAR)	#1		
	#2		
2-step Tuberculosis – skin test Negative within 6 months of clinical or			
QuantiFERON Gold or T Spot blood test Negative within 6 months of clinical or			
Chest X-ray – Negative (within 1 year)			
Influenza (previous October-March)		[redacted]	
SARS-CoV-2 (COVID-19)			

* If vaccinations are not taken, provide evidence of immunity by obtaining and storing a copy of lab values of antibody titers for: MMR, VAR, Hep. B within the last 10 years