

## Vaccine Attestation Form for the **Medical Assistant Program**

To be considered for acceptance into the MA Program, you will need to upload this form with your online application.

**Student Name:** \_\_\_\_\_

<b>Varicella Vaccine (Chicken Pox)</b> <input type="checkbox"/> I have completed the two varicella vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.		<b>MMR Vaccine (Measles, Mumps &amp; Rubella)</b> <input type="checkbox"/> I have completed the two MMR vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.	
Date:	Signature:	Date:	Signature:

<b>Hepatitis B Vaccine</b> <input type="checkbox"/> I have completed the three Hep B vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.		<b>Tdap/Td Vaccine (Tetanus, diphtheria, pertussis)</b> <input type="checkbox"/> I have received a recent Tdap/Td booster. Boosters must be within the last ten years.	
Date:	Signature:	Date:	Signature:

<b>COVID Vaccine</b> <input type="checkbox"/> I have completed a COVID booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver	
Date:	Signature:
<b>Flu Vaccine</b> <input type="checkbox"/> I have completed the annual Flu booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver	
Date:	Signature:

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*You will be required to show  
**official vaccine  
documentation during the  
new student orientation***

*If you have any questions, contact  
[Healthsciences@clackamas.edu](mailto:Healthsciences@clackamas.edu)*

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