

Vaccine Attestation Form for the **Nursing Assistant Course**

In order to be considered for acceptance into the NA Program, submit completed form to Health Sciences at healthsciences@clackamas.edu.

Student Name: _____

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

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

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

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

*If you have any questions, contact
Healthsciences@clackamas.edu*
