Community College of Denver
Radiography Program

Immunization Record Notification

I _____ (*student name)* understand that as a student of the Community College of Denver, Radiologic Technology Program, I need to have current immunization records. I understand that I need to renew any & all expired immunizations prior to Fall of each year I am enrolled in the program. The following is a list of immunizations required:

PPD-Tuberculosis Skin Test or Chest X-ray

Hepatitis B-Hepatovax

Tetanus/Diptheria Toxoid (TD)

MMR—Measles, Mumps, Rubella

Varicella—Chicken Pox

I understand that all immunizations and any related charges are my responsibility, not the responsibility of Community College of Denver, Radiologic Technology Program. I understand that if the Community College of Denver is billed for any immunizations required by any clinical educations setting for myself that my student account will be billed and a hold will be placed on my account until the bill is paid.

Student Signature **Date**

Print Name

CCD Radiologic Technology Program Faculty Signature **Date**

6/15/2010