

**IMMUNIZATION CHECK LIST - REQUIRED TO REGISTER FOR CLASS**

**STUDENT NAME**

**TEL#**

**NSHE ID#**

**LTE 110 - TECHNIQUES OF VENIPUNCTURE - LAB TECHNICIAN**

MMR1 BASELINE	
MMR2 1 MONTH	
Hepatitis B #1 BASELINE	
Hepatitis B #2 ONE MONTH	
Hepatitis B #3 4-6 MTHS AFTER #1	
PPD-TB Step 1	
PPD-TB Step 2	
Major Medical Insurance	