



# IMMUNIZATION RECORD

Student Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_/\_\_\_/\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### M.M.R. (Measles, Mumps, Rubella) *two doses required:*

- Dose 1 given at age 12-15 months or later.....#1 \_\_\_/\_\_\_/\_\_\_
- Dose 2 given at age 4-6 years or later, and at least one month after 1<sup>st</sup> dose.....#2 \_\_\_/\_\_\_/\_\_\_
- OR attach laboratory results of measles, mumps, rubella immunity ..... [ ] Attached

\* **Laboratory verification of immunity is required for Nursing Majors**

### Tetanus/diphtheria/Pertussis:

- **Tdap** \_\_\_/\_\_\_/\_\_\_ One dose of Tdap vaccine in a lifetime.
- **TD Booster** \_\_\_/\_\_\_/\_\_\_ If it has been more than 10 years since Tdap was given, a dose of TD is recommended
- Primary series of four doses with DtaP or DTP  
#1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

### Polio:

- OPV (oral Sabin three doses) #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ Date Last Booster \_\_\_/\_\_\_/\_\_\_

### Hepatitis B: *three dose series*

- #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ Booster \_\_\_/\_\_\_/\_\_\_
- *ADULT 2 dose series* #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_
- OR attach laboratory results of Hepatitis B immunity ..... [ ] Attached

\* **Laboratory verification of immunity is required for Nursing Majors**

### Tuberculosis Test (PPD/Mantoux)

- Date / / \_\_\_ Results: Neg [ ] Pos [ ] mm \_\_\_ Date / / \_\_\_ Results: Neg [ ] Pos [ ] mm \_\_\_
- Annual / / \_\_\_ Results: Neg [ ] Pos [ ] mm \_\_\_ Low Risk [ ]
- If PPD is positive, chest X-ray required: Date \_\_\_/\_\_\_/\_\_\_ Result: Normal [ ] Abnormal [ ]
- Quantiferon test: Date \_\_\_/\_\_\_/\_\_\_ Result: Pos [ ] Neg [ ]

\* **Two-step and annual PPD required for Nursing Majors**

### Meningococcal Vaccine\*\*:

- Date: \_\_\_/\_\_\_/\_\_\_ Booster: Date: \_\_\_/\_\_\_/\_\_\_

\* **Required for resident students**

### Varicella:

- History of disease: Yes No \_\_\_ or Immunization: #1 / / \_\_\_ #2 / / \_\_\_ Booster \_\_\_/\_\_\_/\_\_\_
- OR attach laboratory results of Varicella immunity..... [ ] Attached

\* **Laboratory verification of immunity may be required for Nursing Majors**

\* **History of disease is not sufficient for Nursing Majors**

**Annual Flu Vaccine Date: \_\_\_/\_\_\_/\_\_\_ \*Required for Nursing Majors**

Health Care Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Health Care Provider Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

\*\* No newly enrolled full-time student attending a college, university or secondary school who will be living in a dormitory or comparable congregate living arrangement licensed or approved by the college, university or secondary school shall be registered at the institution except upon presentation of a medical certificate that the student has been immunized against meningococcal disease or on the condition that a medical certificate documenting immunization against meningococcal disease shall be provided within 30 days of registration; but a student may be registered at the institution upon certification made, in writing, by a physician who has personally examined the student and in whose opinion the physical condition of the student is such that his/her health would be endangered by the immunization, or the student has signed a waiver stating that the student has received information provided by the school or the health department containing the information required by this section.