Immunization Record The University of Texas M. D. Anderson Cancer Center

Instructions A. Return this immunization record prior to the effective date of your appointment to M. D. Anderson Cancer Center. B. Failure to submit required immunizations will delay your appointment. C. Documentation of immunizations must be in English or accompanied by a notarized translation. Please Print or Type Name: _____ Date of Birth: SS#: Appointment Date: Present Mailing Address: **Home Phone:** Street Number Apt. # City State **Diphtheria-Tetanus:** Proof of a booster shot within the past 10 years is required. Date of Diphtheria-Tetanus booster: **Hepatitis B:** If you have received the Hepatitis B vaccine, please indicate the following: Date of all vaccines received: Post-vaccine antibody testing & results: **Measles:** Individuals must submit one of the following (if born after 01/01/57): A. Signed physician's record documenting illness B. Signed physician's record documenting two (2) immunizations C. Laboratory report of immune serum antibody titer If none of the above is available: 1. Two (2) measles immunizations must be given at least 30 days apart, unless contraindicated. Date of first immunization: Date of second immunization: 2. If one measles immunization can be documented after 1969 and measles serum antibody titer can be drawn to ascertain immunity, then a second measles immunization may be omitted: Date of first immunization: _____ Date & result of measles titer: _____ Date of second measles immunization, if necessary: **Mumps:** One of the following must be submitted (if born after 01/01/57): A. Signed physician's record documenting illness B. Signed physician's record documenting immunization C. Laboratory report of immune serum antibody titer If none of the above is available, vaccine must be given unless contraindicated. Date of mumps vaccine:

Rubella: One of the following must be submitted: A. Signed physician's record documenting immunization B. Laboratory report of immune serum antibody titer If none of the above is available, vaccine must be given, unless contraindicated.
Date of rubella vaccine:
Tuberculosis: Skin test – intermediate strength (5tu) within 12 months prior to registration is required. Date of skin test: (Old tuberculin not acceptable.)
Result at 48-72 hours: Negative Positive MM in duration
Result of chest x-ray if positive:
Varicella: One of the following must be submitted: A. History documenting illness B. Signed physician's record documenting immunization C. Laboratory report of immune serum antibody titer If none of the above is available, vaccine must be given unless contraindicated. Date of varicella vaccine:
Physician/Health Care Provider Name (print): Address:
Street City State Zip Code
Physician/Health Care Provider's Signature:
Student/Trainee Signature:
I certify that, to the best of my knowledge, the information above is correct.
Signature: Date:
In lieu of this document, individual documents may be submitted for each immunization required.