Immunization Record Form

Use this form if you do not have other proof of immunizations. (Please print in black ink. To be completed and signed by physician or clinic. A complete official immunization record from a physician or clinic may be attached to this form. Student to confirm identifying information above is complete before submission.)

_____ ____/___/____ _920_____

Last Name First Name MI Date of Birth Student ID#

_____

Address City State Zip

SECTION A:	**REQUIRED IMMUNIZATIONS**			
	Mo/day/year	Mo/day/year	Mo/day/year	Mo/day/year
DTP or Td or Tdap	(#1)	(#2)	(#3)	(#4)
Tdap booster **(If due update after 7/2008)**				
Td Booster				
Polio				
MMR (after 1st birthday)	(#1)	(#2)		
Measles/Rubella (MR) (after 1st birthday)				
Measles (after 1st birthday)			**Disease Date	Titer Date & Result
Mumps			Not Acceptable ***Disease Date	Titer Date & Result
Rubella			Not Acceptable ***Disease Date	Titer Date & Result
TB (PPD) Skin Test (Within 12 months) **(ONLY required for international students)**	Date Read	mm indurations		
Attach chest x-ray results if positive PPD	Date	Results		

SUBMIT LAB RESULTS

SECTION B:	**RECOMMENDED IMMUNIZATIONS**			
Received the meningococcal vaccine?	❑ YES ❑ NO Which Vaccine? ❑ Menactra ❑ Menomune Date:			
Hepatitis B series ONLY				****Titer Date & Result
OR				
Hepatitis A/B combination series				
Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	****Titer Date & Result

SECTION C:	***OPTIONAL IMMUNIZATIONS***			
	Mo/day/year	Mo/day/year	Mo/day/year	Mo/day/year
Haemophilus influenzae type b				
Pneumococcal				
Hepatitis A series				
HPV (Gardasil)				
Other:				

SIGNATURE OR CLINIC STAMP REQUIRED:

_____ _____

Signature of Physician/PA/NP Date

_____ _____

Print Name of Physician/PA/NP Phone Number

_____

Office/Clinic Address City State Zip Code

**Must repeat Rubeola (measles) vaccine if received more than 4 days prior to 12 months of age. History or physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

***Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

****Laboratory Report must be submitted.