THE LEADER IN GLOBAL EDUCATION



Mumps

Rubella

Hepatitis B

## **Commuter Student Immunization Record**

Rev. 3 (2012-04-26)

Date \_\_\_\_\_ Immune Non-immune

Titers Date \_\_\_\_\_ Immune 🗌 Non-immune 🗌

Immune 🗌 Non-immune 🗌

NOT CONFIDENTIAL

Immunization records are not confidential as required by law

Name:				Male 🗌 Female 🗌
Last		First	Middle	
Student ID:		Date of Birth:	m m o	dd yyyy
,, ,		our immunization records, whi	ich must include a	•
1. REQUIRED IMMUNIZATIO	DNS (Laboratory Rep	our immunization records, whi	any blood titers	all previous and recent shots
1. REQUIRED IMMUNIZATIO	DNS (Laboratory Rep	our immunization records, whi	any blood titers	all previous and recent shots

#1\_\_\_\_\_\_#2\_\_\_\_\_

#1\_\_\_\_\_ #2\_\_\_\_\_

#1\_\_\_\_\_\_\_#3\_\_\_\_\_

2. TUBERCULOSIS TEST (Must be within the 6 months prior to the start date of student's first semester)								
Mantoux/PPD Test								
Date Given	Date Read	Result:	Negative	Positive	Size	mm (induration)		
		OR						
QuantiFERON-TB Gold	l or T-spot Test							
Result	(MUST A	ATTACH LAB REPO	ORT)					
lf <sup>.</sup>	TB Test is Positive, pleas	se complete th	ne <u>Positive T</u>	B Test Che	<u>ecklist</u>			
	/	e		•				

Date \_\_\_\_

OR

## (Required for Positive TB Test Result)

3. MENINGOCOCCAL MENINGITIS	
MENINGOCOCCAL MENINGITIS INFORMATION IS AVAILAB http://www.cdc.gov/meningitis and also at www.fdu.edu/s	
Having read the above information, please check one of the following options:         I received the meningitis vaccine on:	
Signature of Medical Provider: Date:   Medical Provider: Phone: ( )	OR
Address:	

You will be put on medical hold unless you meet all entrance requirements