

## Resident Student Immunization Record

**NOT CONFIDENTIAL** 

Immunization records are not confidential as required by law

Jame:		Male 🗌 Female 🔲
Last	First	Middle
Student ID:	Date of Birth:	mm dd yyyy
TO BE COMPLETED AND SIGNED BY If convenient, you may attach an official copy of		•
1. REQUIRED IMMUNIZATIONS (Laboratory	Report must be submitted	for any blood titers)
MMR #1 #2	OR	Titers
Note: Measles has to be live, after 1 <sup>st</sup> Birthday	y ———   ————	
Measles #1 #2	Date	Immune 🗌 Non-immune
Mumps #1 #2	Date	Immune  Non-immune
Rubella #1 #2	Date	Immune 🗌 Non-immune
Varicella (Chicken Pox) Disease	OR	Titers
OR Vaccine #1 #2	Date	Immune  Non-immune
Hepatitis B #1	OR	Titers
#2 #3	Date	Immune  Non-immune
Meningococcal Containing Vaccine: Date	(Required for ALL <u>F</u>	Resident Students)
Adult Tdap: Date		
2. TUBERCULOSIS TEST (Must be within the	e 6 months prior to the start	date of student's first semester)
Mantoux/PPD Test		
Date Given Date Read	Result: Negative	Positive Size mm (indurat
	OR	
QuantiFERON-TB Gold or T-Spot Test		
Result (MUST	ATTACH LAB REPORT)	

Signature of Medical Provider: \_\_\_\_\_\_ Date: \_\_\_\_\_ License Number

Medical Provider: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Official Stamp of Medical Provider

(Required for Positive TB Test Result)