

## Las Positas College Student Immunization Record

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Immunization	Immunization or Lab Test Date	Please Attach Documentation
<u>MMR</u> (measles, mumps, rubella)  <p style="text-align: center;"><b>OR</b></p> Measles (rubeola)  Mumps  Rubella	1. _____ 2. _____  1. _____ 2. _____  1. _____  1. _____	A. ____ Record of immunization  <p style="text-align: center;"><b>OR</b></p> A. ____ Record of immunization B. ____ Positive antibody titer  A. ____ Record of immunization B. ____ Positive antibody titer  A. ____ Record of immunization B. ____ Positive antibody titer
<u>Varicella</u> (chicken pox)	1. _____	A. ____ Record of immunization B. ____ Positive antibody titer
<u>Hepatitis B</u>	1. _____ 2. _____ 3. _____	A. ____ Completed series B. ____ In progress series C. ____ Positive antibody titer
<u>Tetanus-Diphtheria-Pertussis</u> (Tdap)	1. _____	A. ____ Record of immunization
<u>Influenza</u> (if possible)	1. _____	A. ____ Record of immunization
<u>Tuberculin Skin Tests</u> 2-Step	1. _____ 2. _____	A. ____ Record of negative ppd ____ Record of negative ppd B. ____ Negative Chest X-ray

**Healthcare Provider Signature:**

**Office Stamp:**

\_\_\_\_\_

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

