

IMMUNIZATION RECORD

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

NAME _____

A. **M.M.R.** (Measles, Mumps, Rubella)

Dose 1 given at 12-15 months of age or later mo/yr ____/____

Dose 2 given at age 4-6 or later mo/yr ____/____

B. **Polio**

1. Completed primary series of polio immunizations: Yes ____ No ____ date of last booster ____/____

2. Type of vaccine: Oral (OPV) ____ Injected (IPV) ____ IPV/OPV Sequential ____

C. **Varisella** (Chickenpox)

1. History of Disease Yes ____ No ____ Vaccinated ____/____ ____/____

D. **Tetnus-Diphtheria**

1. Tetnus-Diphtheria booster must be within the last 10 years mo/yr ____/____

E. **Hepatitis B**

1. Immunized with 3 injection series (mo/yr):

Injection #1 ____/____ Injection #2 ____/____ Injection #3 ____/____

2. Hepatitis B surface antigen antibody ____/____ Reactive ____ Nonreactive ____

F. **Tuberculosis** (PPD required regardless of prior BCG inoculation.. 2 step required for nursing and physical therapy majors; annual only for all other majors)

1. PPD (Mantoux) within the past 12 mo. (tine or momovac not acceptable)

Step 1: Date given ____/____/____ Date read ____/____/____ Result Neg ____ Pos ____ mm induration
Day 1 Day 3

Step 2: Date given ____/____/____ Date read ____/____/____ Result Neg ____ Pos ____ mm induration
Day 15 Day 17

Annual: Date given ____/____/____ Date read ____/____/____ Result Neg ____ Pos ____ mm induration

2. If greater than 5mm induration, chest x-ray required. X-ray result: Normal ____ Abnormal ____
mo/yr ____/____

G. **Meningococcal** (one dose--preferably at entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years who wishes to reduce their risk of disease can consider the vaccine) mo/yr ____/____

H. **Influenza** (Annual immunization recommended to avoid disruption to academic activities.) mo/yr ____/____

Health Care Provider:

Name _____ Address _____
Signature _____ Phone (_____) _____