Immunization Record

Student's Last Name First Name Birthdate

1.Dates are required for all immunizations. **This form is not complete without dates.**

2. Immunizations are required for measles, mumps and rubella.

3. Your latest tetnus shot must have been given within the last 10 years.

4. For TB test requirements, please see the Tuberculosis Screening/Testing Questionairre.

5. If any recommended immunizations were not given, please state the reason below.

Recommended Immunizations

Please see notes above

Measles, Mumps, Rubella	#1		#2		TITER Results (if done instead)		
If given separately, record below	m / d / y		m / d / y				
Diphtheria, Tetanus, Pertussis	#1	#2	#3	#4	#5	**Latest Booster:**	
	m / d / y	m / d / y	m / d / y	m /d / y	m / d / y	m / d / y	
Polio	#1	#2	#3	#4	**Latest Booster:**		
	m / d / y	m / d / y	m / d / y	m / d / y	m / d / y		
Hepatitis B	#1		#2		#3		
	m / d / y		m / d / y		m / d / y		
Meningitis Menomune or Menactra (please circle)							
	m / d / y		m / d / y				

Other Immunization History

					test	**reading**	
Hepatitis A	#1	#2		**TB skin test**			
	m / d / y	m / d / y			m /d / y	m / d / y	MM neg pos

If skin test is positive, need chest X-ray. Result:

	m / d / y	m / d / y	m / d / y	m / d / y	m / d / y	m / d / y	m / d / y