

Name: _____ Student ID: _____ D.O.B.: _____

REQUIRED IMMUNIZATIONS

Required Prior to Beginning Classes

Attachments Accepted

	Doses/Dates (mm/dd/yyyy)			Titers*	
MMR -Must have had 2 injections, both after 1st birthday and at least 30 days apart.	1.	2.		Date	Results
Hepatitis B -Must have had the Series of 3 injections	1.	2.	3.	Date	Results
Varicella -(Chicken pox) Must have had 2 injections or active disease.	1.	2.		Date	Results
Date of Disease for Varicella (Chicken pox)					
Meningitis Vaccine - Initial dose and booster	1.	2.		Date	Results
IVP (Inactivated Polio Vaccine)-Must have had 4 injections by 6th birthday.	1.	2.	3.	4.	
Tdap/Td -(Tetanus booster) Must be within the last 10 years.	1.				
Tuberculosis Testing - (PPD skin test) Required within one year of Admission OR	Placed	Read	Results	Date of BCG if received:	
QuantiFERON TB Gold Plus (Blood Test)	Date	Results			
Chest X-ray - required if TB testing is positive	Date	Normal	Abnormal		
COVID 19 Vaccine (check one) <input type="radio"/> Johnson & Johnson (1 dose) <input type="radio"/> Moderna (2 doses) <input type="radio"/> Pfizer-BioNTech (2 doses)	1.	2.	3.		

Immunizations must be up to date!

If dates are not available- Titers* must be drawn to show immunities!

Physician's Signature: _____ Date Exam was completed: _____

Physician's Printed Name: _____

Address: _____

Phone#: _____ Fax #: _____