

## IMMUNIZATION RECORD

Student's Last Name	First Name	Middle Initial	ID#
Street Address		Telephone	
City	State	Country	Zip Code
	/ /		M <input type="checkbox"/> F <input type="checkbox"/>
First Enrolled (Mo/Yr)	Date of Birth	Sex	

### PART A: MEASLES, MUMPS, RUBELLA IMMUNIZATION:

Required for ALL students both graduate and undergraduate born on/after 1/1/57

**FIRST MMR** date   
On /after first birthday)

**SECOND MMR** date   
2<sup>nd</sup> shot must be at least 30 days after 1<sup>st</sup> shot

### PART B: (To be filled out ONLY if you have not filled out PART A)

**MEASLES #1** date   
On/after 1<sup>st</sup> birthday

**MUMPS #1** date   
On/after 1<sup>st</sup> birthday

**RUBELLA** date   
On/after 1<sup>st</sup> birthday

**MEASLES #2** date   
30 days after 1<sup>st</sup> shot

**MUMPS #2** date   
30 days after 1<sup>st</sup> shot

OPTION: **Submit blood titers for Measles, Mumps and Rubella.** *\*Blood Titers must be accompanied by a lab report indicating a numerical value for the titer level and a reference range.*

**BLOOD TITERS\*** date  \*please attach lab report

### PART C: HEPATITIS B REQUIRED FOR UNDERGRADUATES AND GRADUATES TAKING 9 OR MORE CREDITS (fill in dates vaccines were given) \*Option: Submit blood titers for Hepatitis B surface antibody

**Hepatitis B** First  Second  Third

### PART D: MENINGITIS REQUIRED FOR STUDENTS LIVING ON CAMPUS OR IN CAMPUS-

SPONSORED HOUSING **MENINGITIS VACCINE** date   
**BOOSTER** (recommended if  $\geq$  5yrs since primary dose) date

### PART E: TB TESTING REQUIRED FOR INTERNATIONAL STUDENTS ONLY

**MANTOUX (PPD):** Must be done within 6 months prior to arrival on campus.

Date Placed  Date Read  \*Results

\*Positive test results require proof of Chest X-ray.

\*Indicate mm of induration

### PART F: OTHER IMMUNIZATIONS STRONGLY RECOMMENDED BUT NOT REQUIRED

**Tetanus/Diphtheria** Initial series  Last booster  **Specify type:**  Td  Tdap

Physician Signature/Stamp: \_\_\_\_\_