

**ENTRY IMMUNIZATION RECORD** for \_\_\_\_\_ (Student name) \_\_\_\_\_ (Student SSN)

Date of birth \_\_\_\_\_

<u>Required Immunization</u>	<u>Date</u>	<u>Results</u>
1. Adult tetanus/diphtheria (within the last 10 years) (Booster should be Tdap if available)	_____	_____
2. MMR 1 (After the first birthday)	_____	_____
3. MMR 2 Please attach lab findings if titers were drawn	_____	_____
4. Chicken pox titer Please attach lab findings If Titer is negative or equivocal, inoculation with 2 doses of varicella vaccine is <b><u>REQUIRED</u></b> Varicella 1 Varicella 2	_____ _____ _____	_____ _____
5. Two-Step Tuberculosis PPD within 6 months of entry (Intradermal required; tine not acceptable) Tests must be administered 1 – 4 weeks apart to measure previous exposure levels  If PPD reading is positive, submit chest x-ray report. INH Therapy (Check one):    0 Yes 0 No	1. _____ 2. _____  _____ _____	_____ _____
6. Hepatitis B –1 (Before entry)  _____ (brand)	_____	_____
7. Hepatitis B – 2	_____	_____
8. Hepatitis B – 3	_____	_____
9. Required Anti-HBs Hepatitis B surface antibody anti Hep B s (1 - 2 months after HepB vaccine is completed) If titer is negative, contact Student Health for instructions Please attach lab findings	_____	_____
11. Childhood DPT documentation	_____ _____	_____
10. Polio series documentation (optional)	_____ _____	_____

**PRIVACY INFORMATION:** Student Health Services will exchange health information with your academic program only for purposes of determining compliance with program requirements under the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Physician's signature (to indicate review )

\_\_\_\_\_  
Date of signature