



**IMMUNIZATION RECORD**

(CIRCLE NAME OF SCHOOL)

DENTAL

MEDICINE

PHARMACY

PODIATRY

COLLEGE OF HEALTH PROFESSIONS: \_\_\_\_\_  
(Name of Department)

NAME: \_\_\_\_\_  
LAST FIRST

TU ID#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TUBERCULIN SKIN TEST (PPD) WILL BE DONE AT STUDENT HEALTH UPON ARRIVAL TO CAMPUS.**

**PERTUSSIS/TETANUS/DIPHTHERIA BOOSTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**  
**REQUIRED WITHIN THE PAST 10 YEARS**

HEPATITS B VACCINE SERIES: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*HEPATITS B SURFACE AB, Quantitative (Blood test) - attach lab report**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: reactive / non-reactive (please circle one)**

(if non-reactive) Hepatitis B Booster: #4 \_\_\_\_/\_\_\_\_/\_\_\_\_ #5 \_\_\_\_/\_\_\_\_/\_\_\_\_ #6 \_\_\_\_/\_\_\_\_/\_\_\_\_

**REPEAT TITER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: reactive / non-reactive (please circle one)**

MMR VACCINE SERIES: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*MEASLES TITER, Quantitative (Blood test) - attach lab report**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: positive / negative (please circle one)**

**\*\*MUMPS TITER, Quantitative (Blood test) - attach lab report**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: positive / negative (please circle one)**

**\*\*RUBELLA TITER, Quantitative (Blood test) - attach lab report**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: positive / negative (please circle one)**

(if negative) MMR BOOSTER: \_\_\_\_/\_\_\_\_/\_\_\_\_

VARICELLA VACCINE SERIES: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(HISTORY OF DISEASE NOT ACCEPTABLE)

**\*\*VARICELLA TITER, Quantitative (Blood test) - attach lab report**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULT: reactive /non-reactive (please circle one)**

(if non-reactive) VARICELLA BOOSTER: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*QUANTITATIVE LAB REPORTS REQUIRED FOR ALL TITERS; QUALITATIVE RESULTS WILL NOT BE ACCEPTED\*\***

**MEDICAL PROVIDER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_