Student Name: ____ Date of Birth: _______________________

To be filled out by student's primary health provider or provide copies of physician documented immunization records.

REQUIRED IMMUNIZATIONS:

MMR (Measles, Mumps, Rubella) List two dates of vaccination:

1.____________ 2.____________

Two doses* (The 1st dose administered after the student's first birthday and the 2nd dose administered at least 1 month after the 1st dose)

OR

Measles 1.__________ 2.__________ Two doses* (as above)

Mumps__________ One dose after 1st birthday

Rubella __________ One dose after 1st birthday

OR

Date and result of blood test – demonstration of immunity

To **Measles** ________________ **Mumps** ________________ **Rubella** ________________

RECOMMENDED VACCINES:

Meningitis Menactra __________ M/D/Y Menomune__________ M/D/Y Menveo __________ M/D/Y

If student refuses the meningitis vaccine direct them to the Meningitis Vaccination Response Form on the front of their Health Report packet

Hepatitis B 3 doses __________ M/D/Y __________ M/D/Y __________ M/D/Y

Hepatits A 2 doses __________ M/D/Y __________ M/D/Y

Varicella 2 doses __________ M/D/Y __________ M/D/Y ☐ Had Varicella Disease

Polio 3 doses minimum to complete series ☐ Incomplete ☐ Completed __________ M/D/Y

Tetanus/Diphtheria within 10 years prior to registration Td __________ M/D/Y **or** Tdap __________ M/D/Y

HPV Vaccine 3 doses __________ M/D/Y __________ M/D/Y __________ M/D/Y

PPD (within 6 months if indicated, please refer to the Tuberculosis Screening sheet included with this form for indications)

☐ **Student is at low risk for TB exposure: PPD not done**

☐ **PPD test given:** Date Given: __________ M/D/Y Date Read:__________ M/D/Y

Result: __________ (Record actual mm of induration, transverse diameter, if no induration, write "0")

☐ **Chest x-ray** (required if tuberculin skin test is positive) **Result:** ☐ Normal ☐ Abnormal

PLEASE SUBMIT COPY OF WRITTEN CHEST X-RAY REPORT TO STUDENT HEALTH SERVICE.

Provider Name: ______________________________ **Signature:** ______________________________