



Wisdom to make a difference.

Nursing Program
229 Main Street
Keene, NH 03435-3801
(603) 358-2533

IMMUNIZATION RECORD

PART I

Form for Part I containing fields for Full Legal Name, Address, City, State, Zip, Date of Birth (M/D/Y), and School ID#.

PART II

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

Section A: MMR (Measles, Mumps, Rubella). Includes instructions and fields for Dose 1 and Dose 2 dates (M/D/Y).

Section B: POLIO. Includes instructions and fields for OPV alone, IPV/OPV sequential, and IPV alone (injected Salk) with dates (M/D/Y).

Section C: VARICELLA. Includes instructions, checkboxes for history of disease and birth in U.S. before 1980, antibody result fields, and immunization dates (M/D/Y).

**D. DIPHTHERIA, TETANUS, PERTUSSIS (Td/Tdap)**

1. Primary series completed? Yes  No  Date of last dose in series: \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Y
2. Date of most recent booster dose: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Type of booster: Td  Tdap

Tdap booster required for ages 11-64 unless contraindicated.

**E. MENINGOCOCCAL QUADRIVALENT**

(A, C, Y, W-135) One or 2 doses for all college students – revaccinate every 5 years if increased risk continues.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible)
- Dose #1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Dose #2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y
2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available)
- Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y

**F. INFLUENZA**

Date of last dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Lot Number Needed: \_\_\_\_\_

Trivalent inactivated influenza vaccine (TIV)  Live attenuated influenza vaccine (LAIV)

**G. HEPATITIS B**

(Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)
- Dose #1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Dose #2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Dose #3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y
- Adult formulation  Child formulation  Adult formulation  Child formulation  Adult formulation  Child formulation
2. Immunization (combined hepatitis A and B vaccine)
- Dose #1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Dose #2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Dose #3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y
3. Hepatitis B surface antibody
- Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M D Y Result: Reactive  Non-reactive

