# IMMUNIZATION RECORD

## PART I

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<tr>
<th>Full Legal Name:</th>
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<td>Address:</td>
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<td>City:</td>
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<td>State:</td>
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<tr>
<td>Zip:</td>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>M  D  Y</td>
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<tr>
<td>School ID#:</td>
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## PART II

**TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER**

### A. MMR (Measles, Mumps, Rubella)

(Two doses required at least 28 days apart for students born after 1956.)

1. Dose 1 given at age 12 months or later

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2. Dose 2 given at least 28 days after first dose

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### B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses)

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2. IPV/OPV sequential

   | IPV M  D  Y |
   | IPV M  D  Y |
   | OPV M  D  Y |
   | OPV M  D  Y |

3. IPV alone (injected Salk four doses)

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### C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease

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<tr>
<th>Yes</th>
<th>No</th>
<th>OR</th>
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2. Varicella Antibody

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3. Immunization

   | Dose #1 M  D  Y |
   | Dose #2 M  D  Y |

   Dose #2 given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older

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### 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 [ ]

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 [ ]
H. TUBERCULOSIS SCREENING/TESTING (TST)

You must provide tuberculin testing results dated within the past 12 months: negative 2-step TB Skin Test (at least two weeks apart) OR negative Interferon Gamma Release Assay (IGRA) test OR if either of those is positive, a Chest X-Ray. (TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

1. 2-Step Tuberculin Skin Test (TST)

A. Date Given __________ / __________ / ________ Date Read __________ / __________ / ________

B. Date Given __________ / __________ / ________ Date Read __________ / __________ / ________

A. Result mm of induration **Interpretation positive □ negative □

B. Result mm of induration **Interpretation positive □ negative □

2. Interferon Gamma Release Assay (IGRA)

Date Obtained __________ / __________ / ________

Specify Method QFT-G □ QFT-GIT □ T-Spot □ Other: __________________________

Result positive □ negative □ indeterminate □ borderline □

3. Chest X-ray (required if TST is positive)

X-ray Date __________ / __________ / ________

Result positive □ negative □

** Interpretation guidelines
>5 mm is positive
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a print chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking >15 mg/d or prednisone for >1 month, taking a TNF-a antagonist
- Persons with HIV/AIDS

>10 mm is positive
- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or long cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive
- Persons with no known risk factors for TB disease

* The significance of the travel exposure should be discussed with a health care provider and evaluated.