

BIOMEDICAL SCIENCES PROGRAM IMMUNIZATION FORM

(Must fill in completely and provide medical record documentation)



NAME (Print) _____ Date of Birth _____
Last First
Class Year _____ (anticipated year of graduation) Gender _____

»Diphtheria, Tetanus, Pertussis (DTP, DT, Td, DTaP) vaccination dates:

#1: _____ #2: _____ #3: _____ #4: _____

»Tdap Booster Date: _____

***Must be since 2005 (Vaccines include Adacel & Boostrix)
*Td every 10 yrs thereafter**

»Measles, Mumps, Rubella (MMR) vaccination dates:

#1: _____ #2: _____ **MMR - *Must have documentation or physician signature. If not available, must have titer done.**

MMR Titer (required ONLY if vaccination dates with confirmation is unavailable)

Date of Titer: _____ Measles Results: ___ Immune ___ Non-Immune
Mumps Results: ___ Immune ___ Non-Immune
Rubella Results: ___ Immune ___ Non-Immune

»Hepatitis B (HBV) vaccination dates:

(Injections given at 0, 1 and 6 months. Must be complete, or in progress at matriculation.)

#1: _____ #2: _____ #3: _____

» Hepatitis B Titer - **REQUIRED** (Surface Antibody): Date: _____ Immune ___ Non-Immune ___
***Provide copy of lab results**

»Hepatitis C Testing (Anti HCV) - **REQUIRED** : Date: _____ Results: ___ Negative ___ Positive
***Provide copy of lab results**

»Varicella (chicken pox): Must provide documentation of ONE of the following

- 1 Vaccination Series Dates #1: _____ #2: _____
OR
- 2 Titer Demonstrating Immunity Date: _____
OR
- 3 Verification of history of varicella disease by a physician Date of Disease: _____

»Influenza vaccination - ***to be received in Fall of first academic year & annually thereafter**

»Other Vaccines / Testing (Recommended, but not required.)

Hepatitis A: #1 _____ #2 _____ Typhoid: _____
Meningococcal: _____ Yellow Fever: _____
Polio: _____

HIV Testing is recommended, but results do NOT have to be reported.

***Physician signature required!**

Physician Name (please Print) _____ Physician Signature _____ Date _____
Practice Name: _____
Practice Address: _____ Phone: _____