Required Immunizations

**MMR (Measles, Mumps, Rubella)** (two doses required for students born in 1957 or later)
- **a.** Dose 1 given at age 12-15 months or later. ..........................#1 ___/___/_____
- **OR**
  - **b.** Laboratory/serologic evidence of immunity (attach copy of lab report) .................................. .......................... ___/___/_____

**Tuberculosis Screening**
- **a.** 2-Step TST:
  - Date given ___/___/_____
  - Date read ___/___/_____
  - Date given ___/___/_____
  - Date read ___/___/_____
  - Result __________________ (Record actual mm of induration, transverse diameter; if no induration, write “0”)
  - Interpretation (based on mm if induration as well as risk factors)  Positive _____  Negative _____
- **b.** **Chest x-ray** (required if tuberculin skin test is positive) result: Normal _____  Abnormal _____
  - Date of chest x-ray ___/___/_____
  - Attach copy of chest x-ray report
REQUIRED IMMUNIZATIONS

Must be completed and signed by your healthcare provider

Hepatitis B—Required for all students. (Three doses of vaccine or a positive Hepatitis B surface antibody)

- 3 dose Hepatitis B series
  - Date #1 ___/____/_____
  - Date #2 ___/____/_____
  - Date #3 ___/____/_____ OR

- 3 dose combined Hepatitis A and Hepatitis B series
  - Date #1 ___/____/_____
  - Date #2 ___/____/_____
  - Date #3 ___/____/_____ OR

- Laboratory/serologic evidence of immunity or prior infection (attach copy of lab report) ___/___/_____
  - M
  - D
  - Y

Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years)

- History of Disease verified by undersigned clinician ........................................ Disease date ___/___/_____ OR

- Laboratory/serologic evidence of immunity (attach copy lab report) ___/___/_____ OR
  - M
  - D
  - Y

- 1 dose given at 12 months of age or later but before the student’s 13th birthday. Date of shot ___/___/_____ OR

- 2 doses. Dose 1 given after student’s 13th birthday. 2nd dose at least one month after first dose
  - Date #1 ___/____/_____
  - Date #2 ___/____/_____ OR

Tetanus-Diphtheria-Pertussis (Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years). If students have not had Tdap as an adult, they are required to get one dose.

- Primary series of four doses with DTaP, DTP, DT or Td
  - Date #1 ___/___/_____
  - Date #2 ___/___/_____
  - Date #3 ___/___/_____
  - Date #4 ___/___/_____

- Booster: Tdap (preferred) .............................................................................................................. Date ___/___/_____

Healthcare Provider (Signature or stamp required)

Name (Print)……………………………………………… Signature………………………………………

Address ________________________________________________________________

City ___________________________ State _____________ Zip _________________

Phone ___________________________ Date ________________________________