



# Emergency Medical Technician (EMT) Immunization Record

**\*These records are kept strictly confidential\***

**TO BE COMPLETED BY THE STUDENT** (Please print clearly)

<p>Name: _____  <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle</small></p> <p>Address: _____  <small style="display: inline-block; width: 100%;">Street/P.O. Box</small></p> <p>_____ <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 20%; text-align: center;">State</small> <small style="display: inline-block; width: 20%; text-align: center;">Zip</small></p> <p>Phone: _____ Email _____</p> <p>Fall/Spring/Summer 20____</p> <p>Citizen: <input type="checkbox"/> US <input type="checkbox"/> Other (Specify)_____</p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p>Student ID (SS#)</p> <p><b>Date of Birth</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p>Month          Day          Year</p>																																				

**REQUIRED IMMUNIZATIONS**      Must be completed and signed by your healthcare provider

**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      /      /       
 M    D    Y

Dose 2 given at age 4-6 or later, and at least one month after the first dose.....#2      /      /       
**OR** M    D    Y

b. Laboratory/serologic evidence of immunity (*attach copy of lab report*)

**Tuberculosis Screening**

a. **Tuberculin Skin Test:**

Date #1 given      /      /      Site \_\_\_\_\_ Date #1 read      /      /      Results \_\_\_\_\_

Date #2 given      /      /      Site \_\_\_\_\_ Date #2 read      /      /      Results \_\_\_\_\_

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*

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

3 dose Hepatitis B series

Date #1      /      /      #2      /      /      #3      /      /      **OR**

Laboratory/serologic evidence of immunity or prior infection (*attach copy of lab report*)

## REQUIRED IMMUNIZATIONS

**Must be completed and signed by your healthcare provider**

**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)
- 1 dose given at 12 months of age or later but before the student's 13<sup>th</sup> birthday. Date of shot \_\_\_/\_\_\_/\_\_\_ **OR**
- 2 doses. Dose 1 given after student's 13<sup>th</sup> birthday. 2<sup>nd</sup> dose at least one month after first dose  
Date #1 \_\_\_/\_\_\_/\_\_\_      Date #2 \_\_\_/\_\_\_/\_\_\_

## Tetanus-Diphtheria-Pertussis

If students have not had Tdap as an adult, they are required to get one dose.

- T-dap      Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Healthcare Provider (Signature or stamp required)

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_