

Student Name: _____

Student Date of Birth: _____

IMMUNIZATIONS: *To be completed and signed by a healthcare provider. All dates must include month, day and year.*

MEASLES (RUBEOLA) – required for all programs

Persons born prior to 1957 are considered to be immune to measles.

1. Immunization with live virus vaccine:

Date 1 _____ Date 2 _____
(Two doses given at least 30 days apart; both doses given on or after January 1, 1968, and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:

Date of test _____ Result _____
(attach copy of laboratory report)

MUMPS – required for all programs

Persons born prior to 1957 are considered to be immune to mumps.

1. Immunization with live virus vaccine:

Date 1 _____ Date 2 _____
(Given in 1969 or later and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:

Date of test _____ Result _____
(attach copy of laboratory report)

RUBELLA (GERMAN MEASLES) – required for all programs

1. Immunization with live virus vaccine:

Date 1 _____ Date 2 _____
(Given in June 1969 or later and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:

Date of test _____ Result _____
(attach copy of laboratory report)

TDAP – required for all programs

Immunization must be within the last 10 years and cannot expire during the semester. (renewal schedule located in the Health Guidelines PowerPoint online)

Date: _____

VARICELLA (Chicken Pox) – required for all programs

1. Varicella immunization:

Date 1 _____ Date 2 _____

OR

2. Immunity confirmed by blood titer:

Date of test _____ Result _____
(attach copy of laboratory report)

TUBERCULOSIS SCREENING – required for all programs

Initial 2-step TB test (must be Mantoux). After initial testing, a yearly single-step Mantoux test is required for all programs. If the student has a positive TB test, a chest x-ray must be performed and a copy of the report attached to this record.

1. Has student ever had a positive TB skin test?

No (go to #2) Yes (year) _____ if yes:

Medication name _____

How long taken? _____

Medication not prescribed

2. Has student ever had BCG vaccine?

No Yes (year) _____

(Persons who have received BCG vaccine are required to have a TB skin test unless they have had a previous positive reaction)

3. Chest x-ray, if necessary (attach copy of report):

Date of test _____ Result _____

4. 2-step TB test: 2 Mantoux TB tests given one to three weeks apart

#1 Date Given _____ Date Read _____ Results _____

#2 Date Given _____ Date Read _____ Results _____

OR

QuantiFERON Test Date _____
(attach copies of testing information and lab results)

OR

Three consecutive years of annual one-step TB testing:

Date Given _____ Date Read _____ Results _____

Date Given _____ Date Read _____ Results _____

Date Given _____ Date Read _____ Results _____

HEPATITIS B VACCINE – required for all programs

Post-vaccination testing for immunity (titer) is required.

Immunity confirmed by blood titer:

Date of test _____ Result _____
(attach copy of laboratory report)

OR

Hep B Declination can be found at:

<https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/How-to-Apply>

COVID-19 Immunizations – required for all programs

Dose #1 Date _____ Manufacturer _____

Lot# _____

Dose #2 Date _____ Manufacturer _____

Lot# _____

HEALTHCARE PROVIDER VERIFYING IMMUNIZATION INFORMATION

Name and Credentials (print) _____ Signature _____ Date _____

Address _____ Telephone _____

For all questions regarding immunization email healthrecord@parkland.edu