

RECORD OF IMMUNIZATION & IMMUNE STATUS FOR HEALTH PROGRAM STUDENTS

| Name | | | | | | Date of Birt | :h/ | _/ |
|----------------|---------|-------------------------------|---------------------|---|--------------------------|----------------------|----------------|--------|
| | | Last | First | | Initial | | MM DD | YY |
| Address | | | | | | | | |
| | | Street | | City | | Province | Postal (| Code |
| Phone <u>(</u> |) | E-I | Mail | | Student # | | | |
| Semeste | er of A | dmission to program: | | | Program/lo | ocation | | |
| | | | Month | Year | | | | |
| | | HTHERIA | | | | | | |
| Childhoo | | adult primary series com | pleted: Date of la | st dose: | | | | |
| | | AND | 10 or more vegra | since last dass | MM/DD/YY | | | |
| | | Date of booster dose if OR | 10 or more years | since last dose | 2: | D/YY | | |
| | | Booster not applicable | | | | | | |
| OR | | Administration of adul | t primary series re | equired (Tdap p | | | ically funded) | |
| | | Dose #1· | Do | ise #2· | | Dose #3. | | |
| | | Dose #1: | γ | .se 112 | ′DD/YY | | MM/DD/YY | |
| | | at a Tetanus/Diphtheria | | | every 10 years. | Students are | responsible to | obtain |
| and sub | mit pr | oof of required boosters | | | | - / | | |
| | | Tetunus/Di | phtheria immuniz | ation requirem | ients met. Ivi | D/NF/FIN Sig | nature. | |
| POLIO | | | | | | | | |
| Childhoo | _ | adult primary series com | pleted: Date of la | ist dose: | | | | |
| | | AND | tor doco if 10 or m | | MM/DD/YY | adult corioci | | |
| | | Date of one time boos | | lore years since | | adult series: | MM/DD/YY | |
| | | Booster not applicable | as < 10 years sinc | e childhood or | | | | |
| OR | | Administration of adul | t primary series re | quired | | | | |
| | | Dose #1: | Do | ace #2· | | Dose #3. | | |
| | | MM/DD/Y | Dc | .sc #2 | ÍDD/YY | D03C #3. | MM/DD/YY | |
| | | | Polio immuni. | zation requirer | nents met: M | D/NP/PHN Sig | nature: | |
| MEASLE | | MPS, and RUBELLA | | | | | | |
| | | Two doses MMR: Dos | e #1: | | Dose #2: | | | |
| | | | MM/DD/YY | , | ٨ | 1M/DD/YY | | |
| OR | | Date confirming serolo | gy indicating imm | unity for: | | | | |
| | | Mumps: | | - | | | | |
| | | MM/DD/YY | MM/DI | D/YY | MM/DD/YY | | | |
| | | MMR immunization | AND/OR immune | status requirei | ments met: INI | D/NP/PHN Sig | nature: | |
| Conside | red im | mune to measles if birth | n date on or after | Januarv 1. 1970 | 0 (Januarv 1. 19 |) 57 for health (| care workers) | AND |
| | | vidence of measles imm | | ···, -, -, -, -, -, -, -, -, -, -, -, -, -, | (, _ , _ , | | | - |
| | - | ion of 2 doses of a live n | - | 12 months of a | age and older a | nd given at lea | st 4 weeks apa | art. |
| | | | | | | | | |

Considered immune to mumps if birth date on or after January 1, 1970 (January 1, 1957 for health care workers) **AND** • prior clinical diagnosis of acute mumps and laboratory confirmation of same; or documentation of two doses of mumps containing vaccine

There is no age above which immunity against rubella can be assumed for health care workers or health care students.

| IILFAII | TIS B | | | | | | | | |
|---|---|--|---|--|--|---|--|--|----------|
| | | Childhood or adult | series complete | ed: | | | | | |
| | | Dose #1: | | Dose #2: | | | | | |
| | | MM/DE | , | | DD/YY | | | | |
| | | Dose #3 (if required | l based on proc | duct): <u> </u> | , | | | | |
| | A N I | | anti LIDe > 10 II | | | ata) Data. | | | |
| | AN | D Serology for | anu-nbs <u>></u> 10 it | U/L (required for | II HC Studer | nis) Date: | MM/DE | 0/YY | |
| | | | | | | | | | |
| OR | | If primary series co | mplete, but ser | ology < 10 IU/L | | | | | |
| | | | ter one dose of | | | | | | |
| | | AND | | | MM/DD/Y | Ŷ | | | |
| | | Repeat s | serology in 1 m | onth: Date | MM/DD/Y | | | | |
| | | | | | | | | | |
| | | If serology remains | < 10 IU/L, com | plete the series o | vaccine: D | | | Dose #_ | |
| | | AND | | | | | DD/YY | | MM/DD/YY |
| | | Repeat s | serology in 1 m | onth: Date: | //DD/YY | Result of S | serology: | | |
| No furthe | r vaccine | after two series if non re | sponder | IVI | /////// | | | | |
| | | Hepatitis B immuni | • | mune status requ | irements m | et: MD/NP | /PHN Sigi | nature: | |
| | | · | | | | • | | | |
| VARICE | LLA (Cł | <u>iicken Pox)</u> | | | | | | | |
| | | History of varicella d | isease occurrin | g after 12 months | of age (con | sidered imn | nune): Da | te of di | sease: |
| | | A self-reported histo | ory of varicella i | s adequate for the | se born bef | fore 2004. | | | MM/DD/YY |
| | | • | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | |
| OR | | Serology for VZV IgG | indicating imm | nunity: Date: | | _ | | | |
| OR | | Serology for VZV IgG | indicating imm | | | _ | | | |
| | ···· <u>-</u> · | | | | IM/DD/YY | - | | | |
| OR | ···· <u>-</u> · | Serology for VZV IgG Two doses of varicel | | | IM/DD/YY | | Do | se #2: _ | |
| | ···· <u>-</u> · | Two doses of varicel | la vaccine recei | ived: Dose #1: | IM/DD/YY MM/DD/Y | | | _ | MM/DD/YY |
| | ···· <u>-</u> · | Two doses of varicel | la vaccine recei | | IM/DD/YY MM/DD/Y | | | _ | MM/DD/YY |
| OR | | Two doses of varicel | la vaccine recei nization <u>OR</u> imr | ived: Dose #1: _ | IM/DD/YY MM/DD/Y rements me | et: MD/NP | /PHN Sigi | _ | MM/DD/YY |
| OR | | Two doses of varicel | la vaccine recei nization <u>OR</u> imr | ived: Dose #1: | IM/DD/YY MM/DD/Y rements me | et: MD/NP | /PHN Sigi | _ | MM/DD/YY |
| OR | | Two doses of varicel Varicella immur | la vaccine recei nization <u>OR</u> imr kin test within 6 | ived: Dose #1: mune status requ | <i>MM/DD/YY</i> <i>MM/DD/Y</i> rements me ce education | et: MD/NP | /PHN Sigi | _ | MM/DD/YY |
| OR | | Two doses of varicel Varicella immur Date Given: | la vaccine recei nization <u>OR</u> imr kin test within 6 | ived: Dose #1: mune status requ | <i>MM/DD/YY</i> <i>MM/DD/Y</i> rements me ce education | et: MD/NP | /PHN Sigi | _ | MM/DD/YY |
| OR | | Two doses of varicel Varicella immur Date Given: | la vaccine recei nization <u>OR</u> imm kin test within 6 | ived: Dose #1: _ mune status requ 5 months of practi Date Read: | <i>MM/DD/YY</i> <i>MM/DD/Y</i> rements me ce education | et: MD/NP | /PHN Sigi | _ | MM/DD/YY |
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| OR | | Two doses of varicel Varicella immur Date Given: | la vaccine recei nization <u>OR</u> imm kin test within 6 n/DD/YY e | ived: Dose #1: _ mune status requ 5 months of practi Date Read: mm | MM/DD/YY MM/DD/Y rements me ce education MM/DD/ | n placemen | /PHN Sig i t | _ | MM/DD/YY |
| OR | | Two doses of varicel Varicella immur Date Given: | la vaccine recei nization <u>OR</u> imm kin test within 6 n/DD/YY e | ived: Dose #1: _ mune status requ 5 months of practi Date Read: mm | MM/DD/YY MM/DD/Y rements me ce education MM/DD/ | n placemen | /PHN Sig i t | _ | MM/DD/YY |
| OR TUBERC | | Two doses of varicel Varicella immur Date Given: | la vaccine recei nization <u>OR</u> imr kin test within 6 <u>M/DD/YY</u> e | ived: Dose #1: mune status requ 5 months of practi Date Read: mm mm mm (If positiv | MM/DD/YY MM/DD/Y rements me ce education MM/DD/ , provide re | n placemen //yy esult of che | /PHN Sig i t | _ | MM/DD/YY |
| OR <u>TUBERC</u> OR | | Two doses of varicel Varicella immun Date Given: Result Negative OR Result Positive Previous positive Tu | la vaccine recei nization <u>OR</u> imr kin test within 6 <u>M/DD/YY</u> e uberculin skin to | ived: Dose #1: mune status requ 5 months of practi Date Read: mm mm (If positive rest. Provide resu | MM/DD/YY rements me ce education MM/DD/ , provide re t of chest x | et: MD/NP | /PHN Sigi t st x-ray) | _ | MM/DD/YY |
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