

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
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