

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Immunization Form
<b>PPD</b>	<p><b>Step #1</b> Negative _____ MM      Step #1 Positive _____ MM  Date Given _____      Date Read _____  <b>Step #2</b> Negative _____ MM      Step #2 Positive _____ MM  Date Given _____      Date Read _____  <i>Records of all consecutive annual one steps if above two step is greater than 1 year old.</i></p> <p style="text-align: center;"><b>Or</b></p> <p><b>or lab work</b>      QuantifFeron Gold or Tspot date: _____ result: _____  (attach copy of record)</p>
<b>Tdap</b>	Date of last Tdap Booster _____ (Must be within past 10 years)
<b>Hepatitis B Vaccines</b>	Date of Hepatitis B Vaccines 1. _____ 2. _____ 3. _____  Or blood titer showing positive immunity _____
<b>2 MMR Vaccines</b>	#1 Date: _____ #2 Date: _____ Or blood titers showing positive immunity to <ul style="list-style-type: none"> <li>• Rubella _____</li> <li>• Rubeola _____</li> <li>• Mumps _____</li> </ul>
<b>2 Varicella Vaccines</b>	#1 Date: _____ #2 Date: _____ Or blood titer showing positive immunity _____
<b>Influenza Vaccine</b>	Required annually Date of Influenza Vaccine: _____ (Due in October of current year)
<b>Covid-19 Vaccine</b> (if received)	Vaccine Manufacturer _____ Vaccine Dates _____ <i>The vaccine is not mandated and exemption forms may need completed prior to clinical experience.</i>
***A copy of all vaccinations records or titer results must be attached to this form.***	