

Immunization Record

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Fill out the form completely with dates and results of each test; attach documentation for each. Requirements listed on next page.

TB skin or blood test Date: _____ Result: _____

If positive, chest X-ray Date: _____ Result: _____

Rubella titer Date: _____ Result: _____

Measles titer Date: _____ Result: _____

Mumps titer Date: _____ Result: _____

Varicella titer or 2-dose Varicella vaccines Date: _____ Result or Date: _____

Hepatitis B vaccine series or titers
#1 Date: _____ #2 Date: _____
#3 Date: _____ #4 Date: _____

Hepatitis B Surface Antibody (anti-HBs) Date: _____ Antibody result: _____

Hepatitis B Surface Antigen (HBsAg) Date: _____ Antigen result: _____

Total antibody to Hepatitis B core antigen
(total anti-HBc) Date: _____ Core antigen result: _____

Last Tdap Date: _____

COVID-19
#1 Date: _____ #2 Date: _____
#3 Date: _____ #4 Date: _____

Last influenza vaccine Date: _____



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Please ensure the following documents are ATTACHED.

- Current Physical Health Assessment Form within 12 months signed by your healthcare provider
- Negative TB skin test (PPD) or negative TB blood test (T-Spot or Quantiferon) within 12 months
- Chest x-ray within 12 months if TB test is Positive
- Positive Rubella Titer
- Positive Measles (Rubeola) Titer
- Positive Mumps Titer
- Positive Varicella Titer or proof of 2-dose Varicella Vaccine
- Proof of Tetanus, Diphtheria, Pertussis (Tdap) within 10 years
- Proof of completed Hepatitis B vaccination series or titer panel:
 - Hepatitis B Surface Antigen (HBsAg)
 - Hepatitis B Surface Antibody (anti-HBs)
 - Total antibody to Hepatitis B Core antigen (Total anti-HBc), NOT Hepatitis B Core IgM Antibody
- Proof of COVID-19 Vaccines for some clinical sites
- Proof of Influenza (Flu) Vaccine for clinical November-April



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