



## Immunization Requirements

**TB Skin Test:** *Must have proof of one PPD skin test within the past year and one PPD skin test in the previous year.*

*If proof is not available, must be skin tested immediately, and then receive another skin test 1-3 weeks later. If skin test positive student must have proof of positive skin test, "negative" chest x-ray, and have no symptoms suggestive of TB.*

Date: \_\_\_\_\_ Results \_\_\_\_\_

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### Measles

a. Born in 1956 or before (b, c and/or d not required)

b. Proof of two MMR vaccinations at least 1 month apart started after the first birthday

c. Positive rubella titer (if no, proof of MMR vaccines available)

d. Positive rubeola titer (if no, proof of two MMR vaccines available)

a. Birthday \_\_\_\_\_

b. Date MMR 1 \_\_\_\_\_ Date MMR 2 \_\_\_\_\_

c. Date of Titer \_\_\_\_\_ Result \_\_\_\_\_

d. Date of Titer \_\_\_\_\_ Result \_\_\_\_\_

### Varicella (Chicken-pox)

a. Recalls having disease

b. Positive Varicella titer

c. Varicella Vaccine

a. Disease history yes no Year \_\_\_\_\_

b. Date of Titer \_\_\_\_\_ Result \_\_\_\_\_

c. Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_

### Hepatitis B Vaccine

a. Proof of three HBV vaccines and a positive titer

b. Signed refusal

c. Started vaccination series and is on schedule (Start Day, 1 month, 5 months)

a. Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_

Titer Date \_\_\_\_\_ Result \_\_\_\_\_

b. Attach copy of signed refusal

c. Start Day \_\_\_\_\_ 1 month due \_\_\_\_\_ 5 month due \_\_\_\_\_

### Diphtheria/Tetanus (must be within the last ten years)

a. Date \_\_\_\_\_