

Vaccine				
Fill either proof of full vaccination or serum antibody titer:				
Measles	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	
Immune serum antibody titer (level and date)				
Proof of disease (Date)				
Mumps	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	
Immune serum antibody titer (level and date)				
Proof of disease (Date)				
Rubella	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	
Immune serum antibody titer (level and date)				
Proof of disease (Date)				
Varicella	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	
Immune serum antibody titer (level and date)				
Proof of disease (Date)				
Hepatitis B	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	Vaccine dose 3 (date)
Immune serum antibody titer (level and date)				
Tetanus, Diphtheria, pertussis Booster within the last 10 years			Booster dose (Date)	
Hepatitis A	Vaccine dose 1 (date)		Vaccine dose 2 (Date)	
Immune serum antibody titer (level and date)				
Flu	Last vaccine dose (Date)			

Tuberculosis- Tuberculin skin test (should be done within the last 6 months prior to rotation)			
TST diameter (mm)			Date
OR quantiferon test result	Positive Negative		Date
Chest X-Ray	Y N	Date	if Y attach report
INH treatment/anti-TB treatment		Y N	if Y attach report
Meningococcal vaccine		Vaccine type and (date)	
COVID vaccine			Vaccine type and (date)
		Dose 1	
		Dose 2	
		Dose 3	
		Dose 4	
Students signature and date			
Physicians name:		Date	
Signature		Licensure number	

Student Name: _____

Immunization Requirement for Visiting Students

The form should be filled and signed by the student as well as by a licensed physician. Proof of vaccination/lab reports should be attached