



Immunization Summary

STUDENT NAME: _____

To be completed by the student. Please provide proof of all vaccinations/titers. This includes copies of original records, lab/doctor's report or employer reports (excluding compliance reports). **All documents must be signed/stamp validated from a U.S. medical source.**

Student is subject to dismissal if documents are falsified.

	VACCINE DATE		OR	TITER (Value & Range required)	
	Dose 1	Dose 2		Value/Units	AND Reference Range
Hepatitis A (2 doses)					
Hepatitis B (3 doses)	Dose 1	Dose 2	Dose 3	Value/Units	AND Reference Range
Mumps/Measles/Rubella (2 doses)	Dose 1	Dose 2		Value/Units	AND Reference Range
Varicella (2 doses OR titer)	Dose 1	Dose 2		Value/Units	AND Reference Range
Documented history of Chickenpox will require Varicella titer <u>with</u> Value and Range					
TDAP - Tetanus/Diphtheria/Pertussis (every 10 years)	Most Recent				
PPD/TB Skin Test Screening (Annually)	Most Recent		OR	Chest X-Ray: Full x-ray report (Most Recent)	
	Skin Test: Date & mm				
	Date:	Result:	Date:		
OR QuantiFERON (Most Recent)	OR QuantiFERON (Most Recent)				
	Date:	Result:			
COVID-19	Dose 1	Dose 2			
Flu Shot (Annually)	Most Recent				