

IMMUNIZATION RECORD:

(1) TUBERCULOSIS:

Date of PPD skin test: Step 1: _____ Results: _____ Step 2: _____ Results: _____

Or

Date of Chest X-Ray: _____ Results: (Neg/Pos)

Or

Date of Quantiferon: _____ Results: (Neg/Pos)

Or

Date of B.C.G Immunization: _____ (Negative/Positive)

(2) POLIO VACCINE (If not previously immunized) Date: _____

(3) TDAP: Date: _____

Or booster if not done within 10 years Date: _____

(4) MMR and PROOF of IMMUNITY:

Titre: _____ Immunization Date: _____ Immunity: (Neg/Pos)

Measles: (Negative/Positive)

Mumps: (Negative/Positive)

Rubella: (Negative/Positive)

(5) HEPATITIS B

Disease of Hepatitis B serum antibody titer verifying immunity.

Date: _____ Titer level: (Neg/Pos)

And

Dates of 3 Hepatitis B vaccinations. #1: _____ #2: _____ #3: _____

(6) VARICELLA (Negative/Positive)

Varicella serum antibody titer verifying immunity: (Neg/Pos) Date: _____

And

Dates of Vaccinations: #1 _____ #2 _____

(Vanvax 4-8 weeks is recommended)

(7) SEASONAL FLU SHOT: Date: _____

Note: All blank areas have to be completed in ink.