

Immunization Record

PART I: To be completed by the student. Please print or type.

Last name	First name	MI	RUID or A number	School/Grad year/program
DOB (month day year)	Street Address		City	State Zip
Telephone (cell)		Email		

PART II: REQUIRED ITEMS. To be completed and signed by health care provider.

	Date (mo day yr)	Results (if applicable)
MMR (Measles, Mumps, Rubella) MMR Dose #1 MMR Dose #2 OR Measles (Rubeola) serologic immunity (attach lab report & list date of lab test) Mumps serologic immunity (attach lab report & list date of lab test) Rubella serologic immunity (attach lab report & list date of lab test)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___	
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Meningitis ACYW (required for Rutgers housing), with at least 1 dose since age 16 <input type="checkbox"/> Menveo <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune ACYW	___/___/___ ___/___/___	
QUANTITATIVE Hepatitis B Surface Antibody Titer (qualitative will not be accepted per CDC guidelines). <i>We recommend submitting a Hepatitis B Surface Antigen as well in case immunity is not demonstrated (attach lab reports)</i> Hepatitis B doses #1, #2, #3 (if starting the series, at least 1 of 3 doses is required prior to enrollment) <input type="checkbox"/> Engerix <input type="checkbox"/> Haplisav-B <input type="checkbox"/> Twinrix	___/___/___ ___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3	<input type="checkbox"/> Immune (≥10 mIU/mL) <input type="checkbox"/> Non-immune <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep B Surface Antigen <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Tuberculosis - Two PPDs or an FDA approved blood test are required regardless of prior BCG within the past 12 months OR PPD #1 (date placed ___/___/___) PPD #2 (date placed ___/___/___) FDA approved blood test for TB (eg. Quantiferon Gold) (attach report)	<u>Date read</u> ___/___/___ PPD#1 ___/___/___ PPD#2 ___/___/___	___ mm induration ___ mm induration <input type="checkbox"/> Positive <input type="checkbox"/> Negative
If PPD positive (≥10 mm), is the patient free of TB symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>List date of positive PPD and induration</u> Was the student treated? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____ FDA approved blood test for TB (Quantiferon Gold) (attach report) Chest x-ray required within the past 12 months if TB blood test is positive or not drawn (attach report)	___/___/___ ___/___/___ ___/___/___	___ mm induration <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Normal <input type="checkbox"/> Findings:
Adult Tdap (Tetanus, Diphtheria & Acellular Pertusis) (Adacel or Boostrix)	___/___/___	
Varicella (Chicken Pox) Varicella Dose #1 Varicella Dose #2 OR Varicella serologic immunity (list date and attach lab report)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Annual flu (list vaccination for the current flu season)	___/___/___	
Healthcare provider		Address/Stamp/Phone/Fax
Print name		
Signature	Date	

Healthcare provider and student checklist (REQUIRED ITEMS)

Flu	<input type="checkbox"/> Flu vaccination is required for clinical rotations from October-May
MMR	<input type="checkbox"/> 2 doses of Measles, Mumps, and Rubella vaccine OR <input type="checkbox"/> MMR IgG titers showing immunity – attach lab report LabCorp test #058495 Quest Diagnostic test #85803A
Meningitis	<input type="checkbox"/> Meningococcal ACYW vaccine (required for Rutgers Health Sciences housing application), with at least one (1) dose since age 16
Hep B	<input type="checkbox"/> Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report. LabCorp test # 006530 Quest Diagnostic test # 51938W <i>Please draw a Hepatitis B Surface Antigen as well since it will have to be submitted if the student fails to demonstrate immunity.</i> <input type="checkbox"/> Hepatitis B Surface Antigen - attach lab report LabCorp test # 006510 Quest Diagnostic test # 265F <input type="checkbox"/> Please document all doses of Hepatitis B vaccine received on the immunization form <i>Additional guidance</i> <ul style="list-style-type: none"> Options if a student is not immune <ol style="list-style-type: none"> Booster dose, followed by titers one month after, or Repeat the series, followed by titers one month after These are CDC recommendations for all healthcare workers. The student will not be permitted to matriculate without these tests.
PPD	<input type="checkbox"/> 2-step PPD* (1-3 weeks apart) regardless of history of having received BCG <ul style="list-style-type: none"> Please include date placed and date read in millimeters of induration For a PPD ≥ 10 mm now or in the past, you must submit documentation of the PPD reading and a chest x-ray report within the last 12 months OR <input type="checkbox"/> an FDA approved blood test for TB (such as Quantiferon Gold) - attach lab report LabCorp test # 182873 Quest Diagnostic test # 19453
Tdap	<input type="checkbox"/> Adult Tdap (tetanus/diphtheria/ acellular pertussis) (Adacel/Boostrix) (one-time administration) after age 19
Varicella	<input type="checkbox"/> 2 doses of Varicella vaccine, at least 1 month apart OR <input type="checkbox"/> Varicella IgG titer showing immunity- attach lab report LabCorp test # 096206 Quest Diagnostic test # 54031E

* Students working in healthcare with documented annual PPDs may submit that documentation to fulfill this requirement.