

Return this to the institution. Retain a copy of the completed form for your records.

| STUDENT INFORM Student ID: | | Date o | f Birth:/ | / Male_ | Female |
|--|--|--|---|--|--|
| Name: (Last) | | (First) | | (Middle) | |
| Address: | | | | | |
| City: | | State: | Zip Code: | | |
| | RE | EQUIRED IMMUNIZ | ATION INFORMATION | ON | |
| VACCINE | DATE MM/DD/YYYY | DATE MM/DD/YYYY | DATE MM/DD/YYYY | HISTORY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
| MMR ¹ | 1 1 | 1 1 | | | |
| Measles ¹ | 1 1 | 1 1 | | | 1 1 |
| Mumps ¹ | 1 1 | 1 1 | | | 1 1 |
| Rubella ¹ | 1 1 | 1 1 | | | 1 1 |
| Varicella ² | 1 1 | 1 1 | | 1 1 | 1 1 |
| Tetanus (Tdap or TD with 10 Years | 1 1 | | | | |
| Meningococcal ³ | 1 1 | 1 1 | | | |
| Hepatitis B ^a | 1 1 | 1 1 | 1 1 | Type Series □ 2 Dose Series □ 3 Dose Series | 1 1 |
| PPD°/ Chest X-Ray | 1 1 | | | Results for PPD | 1 1 |
| a—Required based on m c—Required of all student PERMANENT OR T This student is exe attached) This student is teres certification of | nitted freshmen and students agor. Strongly recommenders; must have been done not remove the from the above imporarily exempt from the ALTH CARE IN THE STREET CARE IN THE STREET | UNIZATION EXEMP amunizations on the growthe above immunization PROVIDER (This info | start of class Chest X-ray PTION ound of permanent medion until/_ formation is required) | required if history of positivical contraindication. (| Letter must be |
| | | Signat | | | |
| Address | | City | State | Zip Code | |

Date of Issue ____/____ Telephone: ___