

**911PROGRAMS Immunization Form**

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Course ID# \_\_\_\_\_

ATTENTION STUDENTS: This form must be filled out **in its entirety** to be eligible for clinical rotations. No exceptions. No other forms are allowed.  
 ATTENTION CLINICIANS: Please see the parameters for each immunization. They are required for the student to enter clinical internship.

PLEASE WRITE LEGIBLY TO RECEIVE CREDIT

**Tuberculin Sensitivity Test (aka the Mantoux Test, Pirquet Test, or PPD)**  
 2-step PPD test is required. The second plant must be no less than 7 days nor more than 21 days from the first plant. Readings must occur within 48-72 hours. Must be within 6 months of intended clinical and never more than 1 year old.

Date of 1<sup>st</sup> plant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of reading: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_ mm

Date of 2<sup>nd</sup> plant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of reading: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_ mm

For healthcare workers, a reading of >10mm constitutes a positive result.  
 Positive PPDs require a chest X-ray and the following must be documented:

Positive PPD date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_ mm  
 Chest X-ray date\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_ mm  
*\*Chest X-ray must be on or after the positive ppd date*

**Varicella (Chickenpox)**  
 Students must document immunity via **one of the following**:  
 Healthcare Provider diagnosis of Varicella disease:

Date of disease: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Varicella vaccine Date of vaccine 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of vaccine 2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Titer date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_

**Provider Information (filled out by authorizing health care provider)**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Measles, Mumps, and Rubella (MMR)**  
 Students born on or after January 01, 1957 require 2 measles, 2 mumps, and 1 rubella vaccinations or a positive titer for each  
 Students born on or before December 31, 1956 require 1 measles, 1 mumps, and 1 rubella or a positive titer for each

**Measles (Rubeola) Vaccine**  
 #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Titer date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_

**Mumps Vaccine**  
 #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Titer date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_

**Rubella (German Measles) Vaccine**  
 #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Titer date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_

**MMR Vaccine (if done as one instead of individually)**  
 #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Tetanus, Diphtheria, Pertussis (Tdap)** Must be within 2 years  
 Tdap: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Td: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Hepatitis B (optional except if exposed to blood or body fluids)**  
 #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 #3: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Or signed declination: YES NO  
 Or Titer (HbsAB): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_

**Influenza (optional)**  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Or signed declination: YES NO  
*Note: Any declinations must be submitted with this form.*