IWCC Emergency Services Education
Immunization Record

These records are kept strictly confidential

TO BE COMPLETED BY THE STUDENT (Please print clearly)

Name: ____
Last First Middle

Address: ____
Street/P.O. Box

____
City State Zip

Phone: ____________________ Email ____________________________

Fall/Spring/Summer 20____

Citizen: ❒ US ❒ Other (Specify)____________________________

Student ID (SS#)

Date of Birth

Month Day Year

REQUIRED IMMUNIZATIONS **Must be completed and signed by your healthcare provider**

MMR (Measles, Mumps, Rubella) (two doses required for students born in 1957 or later)

❒ a. Dose 1 given at age 12-15 months or later ....#1 ____/____/_____ (M D Y)

Dose 2 given at age 4-6 or later, and at least one month after the first dose ....#2 ____/____/_____ (M D Y)

OR

❒ b. Laboratory/serologic evidence of immunity (*attach copy of lab report*)

2-Step Tuberculosis Screening

❒ a. **Tuberculin Skin Test:**

Date #1 given ____/____/______ Site_________ Date #1 read ____/____/_____Results_________

Date #2 given_____/____/______ Site _________ Date #2 read____/____/____Results__________

❒ b. **Chest x-ray** (required if tuberculin skin test is positive) result: Normal _____ Abnormal _____

Date of chest x-ray ___/____/______ *Attach copy of chest x-ray report*

Hepatitis B—Required for all students. (Three doses of vaccine or a positive Hepatitis B surface antibody)

❒ 3 dose Hepatitis B series

Date #1 ___/____/_____ #2 ___/____/_____ #3 ___/____/_____ **OR**

❒ Laboratory/serologic evidence of immunity or prior infection (*attach copy of lab report*)

REQUIRED IMMUNIZATIONS

Must be completed and signed by your healthcare provider

Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years)

- ❒ History of Disease verified by undersigned clinician .... Disease date ___/____/_____ **OR**
- ❒ Laboratory/serologic evidence of immunity (attach copy lab report)
- ❒ 1 dose given at 12 months of age or later but before the student's 13th birthday . Date of shot ___/____/_____ **OR**
- ❒ 2 doses. Dose 1 given after student's 13th birthday. 2nd dose at least one month after first dose

  Date #1 ___/____/_____ Date #2 ___/____/_____

Tetanus-Diphtheria-Pertussis

If students have not had Tdap as an adult, they are required to get one dose.

- ❒ T-dap Date ________/_________/___________

Healthcare Provider (Signature or stamp required)

Name (Print)____

Address ____

City ______________________________________ State _____________ Zip _________________

Phone ____________________________________

Signature____ Date _________________________