

IMMUNIZATION HEALTH HISTORY FORM

Name _____
 (PRINT) Last First Initial

Date of Birth: _____ Social Security #: _____ - _____ - _____
 Month Day Year

Carefully read the instructions before you complete the form. All sections of this form must be completed.

MMR (Measles/Mumps/Rubella)

Dose 1 Dose 2
 Month Day Year Month Day Year

-----OR-----

Titers

Measles (Rubeola) Results
 Month Day Year

Mumps Results
 Month Day Year

Rubella (German Measles) Results
 Month Day Year

***Attach copies of all lab reports for Titers**
 - if results are negative then you must receive the required immunizations

-----AND / OR-----

Measles/Rubeola
 Dose 1 Dose 2
 Month Day Year Month Day Year

Mumps
 Dose 1
 Month Day Year

Rubella
 Dose 1 Dose 2
 Month Day Year Month Day Year

Hepatitis B

Dose 1 Dose 2 Dose 3
 Month Day Year Month Day Year Month Day Year

-----OR-----

Titer
 Hepatitis B Results
 Month Day Year

***Attach copies of all lab reports for Titers**
 - if results are negative then you must receive the required immunizations

TD (Tetanus/Diphtheria)
 Month Day Year

-----OR-----

TDAP (Tetanus/Diphtheria/Pertussis)
 Month Day Year

Varicella (Chickenpox)

Disease History
 Month Day Year

-----OR-----

Varicella (Chickenpox)

Titer Date Results
 Month Day Year

***Attach copies of all lab reports for Titers**

-----OR-----

Varivax

Dose 1 Dose 2
 Month Day Year Month Day Year

Tuberculosis Skin Test

(PPD by Mantoux within the past year)

Date Placed Date Read
 Month Day Year Month Day Year

Results (MM) Please Check One
 Positive Negative

(For positive Results – a chest x-ray is needed)

-----AND / OR-----

Date of Chest X-Ray
 Month Day Year Positive Negative

Please attach a copy of chest x-ray results

Doctor or Facility Notes Only: _____

An official stamp from a doctor's office, clinic or health department and an authorized signature must appear here or this form is invalid.

 Name of public health clinic or Physician (Facility Stamp) Physician or Authorized Signature Date

Important!

This Immunization Health History Form is **required** and **must** be submitted along with your application.

No other immunization forms will be accepted.

All applicants must provide proof that they have received all required shots or provide positive Titters.

Please do not delay!

Learn Today. Succeed Tomorrow.