



PRE-ENTRANCE IMMUNIZATION REQUIREMENTS

First Name	Middle	Last Name
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This form is a guide for required immunizations. **Documentation must be provided for all of these items from the source by which the immunization was received.** Acceptable forms of documentation include: childhood immunization records, health department immunization records, physician records or employer health records. Documentation must include dates, signatures and facility where administered.

1. Hepatitis B Vaccine

(#1) Initial Dose Date Received	(#2) 1-month Dose Date Received	(#3) 5-month after #2 dose date received
Administered By: _____	Administered By: _____	Administered By: _____
Results of anti-HBs serologic test (required 1-2 months after third dose):	Date Tested	Results

2. TB Testing (2-Step Mantoux Required) – Tine test not acceptable

Note: Both tests must be done within 3 weeks.

*Step I: Date/Result: _____ Administered By: _____ <i>*Reading @ 48—72 hours</i>	**Step II: Date/Result: _____ Administered By: _____ <i>**Given/Checked no more than 2 weeks after Step 1</i>
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If 2-Step is over one (1) year old, document original dates and results above. Recent 1-Step Mantoux is required—document below:

Annual Mantoux Date: _____ Result: _____ Administered By: _____
 If test is significant, chest X-ray is required. Date: _____ Result: _____

3. Diphtheria Tetanus Toxoid

Date of last Td:	If more than 10 years, Td booster required. Date administered: _____	If never received, series of three (3) required. Dates administered: #1 #2 #3
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4. Pertussis, Diphtheria & Tetanus (Tdap)

Date of 1-Time Dose Tdap: _____

5. Measles, Mumps, Rubella (MMR) (1975 or after)

Date of Immunization:	If you do not have documented proof of immunization, documented laboratory evidence of immunity to rubeola, rubella and mumps is required through a titer. Note: If not immune, immunization is required.	
Rubeola Date Tested:	Mumps Date Tested:	Rubella Date Tested:
Results:	Results:	Results:

6. Polio Immunization (Optional)

Date of Childhood Immunization: _____ **Note:** Immunization date is requested if documentation is available. It is NOT necessary to go and receive this vaccine if you are unable to provide documentation.

7. Varicella (Chicken Pox)

Date of Vaccine:	If documented evidence is not available for the vaccine, documented laboratory evidence is required through a titer. Note: If titer is negative, immunization is required.	
Date of Titer:	Vaccine Series #1 Date:	Vaccine Series #2 Date:
Result:	Administered By:	Administered By:

8. Influenza

Date Received:	One dose administered annually during flu season (September through December).
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