

VACCINE PREVENTABLE DISEASE IMMUNIZATION FORM for: _____ **Student's Name**

DISEASE REQUIREMENT	DATE of PREVIOUS Immunization(s)	Method to address any outstanding requirements	DATE of NEW Immunization
Tetanus/Diphtheria (Td) (booster within 10 years). A primary series of 3 doses if unimmunized.	1 dose Date:	If no booster within 10 years; Primary series of 3 doses for Td are required.	1st dose 2nd dose 3rd dose
Polio – provide date of Polio immunization. A primary series of 3 doses if unimmunized.	1 dose Date:	If no previous immunization; Primary series of 3 doses for Polio are required.	1st dose 2nd dose 3rd dose
Pertussis (tetanus diphtheria acellular pertussis (Tdap) – single dose in adulthood	1 dose Date:	If no previous immunization; 1 single dose of Tdap required.	Single dose
Varicella –serology report required	Serology Date:	If serology report does not show evidence of immunity, 2 doses are required.	1st dose 2nd dose
Measles – serology report required	Serology Date:	If serology report does not show evidence of immunity, 2 doses are required.	1st dose 2nd dose
Mumps – serology report required	Serology Date:	If serology report does not show evidence of immunity, 2 doses are required.	1st dose 2nd dose
Rubella – serology report required	Serology Date:	If serology report does not show evidence of immunity, 1 dose is required.	1st dose
Hepatitis B – serology report required	Serology Date:	If serology report does not show immunity; 3 doses and serology within 1-6 months following last dose.	1st dose 2nd dose 3rd dose

Physician's Signature: _____

Date: _____

The signing physician acknowledges all of the above information as true to the best of their knowledge.

Physician's Stamp Below:

NOTE: PHL SEROLOGY REPORT MUST BE ATTACHED