

IMMUNIZATION RECORD
Center City Hahnemann Campus



Part I – To be completed by student (ALL INFORMATION MUST BE COMPLETED)

Name _____ E-mail _____
Last Name First Name Middle Initial
Address _____
Street City State Zip Code
Date of Birth ___/___/___ Social Security # ___-___-___ Phone # _____
Status: PT ___ FT ___ Graduate ___ Undergraduate ___ Resident ___ Commuter ___ Start Date _____
College/School _____ Program _____

Part II – To be completed and signed by your health care provider (YOU MUST give all dates in MM/DD/YYYY format)

1. **M.M.R.** (Measles, Mumps, Rubella) Two doses required or individual vaccines as noted below
 - a. Dose 1 give at age 12 months or later and Dose 2 after 4 years of age 3 ___/___/___ ___/___/___
If you do not have two doses of MMR, you must complete two doses of 2, 3 & 4
2. **Measles** (Rubeola) Complete all that apply:
 - a. Immunized with live vaccine at 12 months or later and after age 4 ___/___/___ ___/___/___
 - b. Has report of positive immune titer ___/___/___
 - c. Had disease confirmed by doctor's records ___/___/___
3. **Rubella** (german measles) Clinical history is not acceptable. Complete all that apply:
 - a. Immunized with live vaccine at 12 months or later and after age 4 ___/___/___ ___/___/___
 - b. Has report of positive immune titer ___/___/___
4. **Mumps** Complete all that apply:
 - a. Immunized with live vaccine at 12 months or later and after age 4 ___/___/___ ___/___/___
 - b. Has report of positive immune titer ___/___/___
 - c. Had disease confirmed by doctor's records ___/___/___
5. **Tuberculosis** (2 step PPD required regardless of prior BCG inoculation)
 - a. PPD (Mantoux) within the past twelve months performed in the U.S. (tine or momovac not acceptable)
 - i. ___ mm duration Result: ___ Positive ___ Negative Date: ___/___/___
 - ii. If greater than 10 mm duration, chest X-ray required:
 1. Chest X-ray result: ___ Normal ___ Abnormal Date: ___/___/___
 - b. 2nd Step PPD (Mantoux) within the past seven days performed in the U.S. (tine or momovac not acceptable)
 - i. ___ mm duration Result: ___ Positive ___ Negative Date: ___/___/___
 - ii. If greater than 10 mm duration, chest X-ray required:
 1. Chest X-ray result: ___ Normal ___ Abnormal Date: ___/___/___
6. **Hepatitis B** Completion of at least two of three required
 - a. Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___
 - b. Hepatitis B surface antigen antibody ___/___/___ ___ Reactive ___ Non-reactive
7. **Diphtheria/Tetanus** (within the past 10 years)
 - a. Last Booster ___/___/___
8. **Varicella** (Either history of chicken pox, a positive varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 meets requirement)
 - a. History of Disease ___ Yes ___ No
 - b. Varicella Antibody ___/___/___ ___ Reactive ___ Non-reactive
 - c. Immunization
 - i. Dose 1 ___/___/___
 - ii. Dose 2 (given at least 1 month after first dose if age 13 or older) ___/___/___
9. **Meningococcal** (Required vaccine for students living in University Housing)
 - a. Quadrivalent polysaccharide vaccine ___/___/___

Health Care Provider

Name _____ Signature _____ Phone # _____
Address _____

Please **make a copy for your records** and return form in the enclosed envelope to:
University Student Life • 245 N. 15th Street MS 482 • Philadelphia, PA 19102
Ph: (215) 762-1400 Fax: (215) 762-4523