

Anderson University School of Nursing Immunization Record

NAME: _____

DATE OF BIRTH: _____

1. Rubella (German Measles)

Proof of one dose of vaccine OR a positive titer.

Immunization date: _____

Titer results: _____ Date: _____

2. Rubeola (Measles)

All persons born on or after 1/1/57 must show proof of 2 measles vaccination OR a positive titer OR documentation of disease by a physician.

Immunization date #1: _____

Immunization date #2: _____

Titer results: _____ Date: _____

3. Mumps

Immunization OR titer

Immunization date: _____

Titer results: _____ Date: _____

4. Polio

Primary series in childhood.

• If you were vaccinated for polio but are unable to provide documentation, you are required to provide documentation of one polio injection (IPV).

• If you were never vaccinated for polio, you are required to provide documentation of completion of a series of 3 polio injections over a 6-month period.

Immunization date #1: _____

Immunization date #2: _____

Immunization date #3: _____

IPV: _____ (if indicated)

5. Tetanus

Booster within past 10 years required

Date: _____

6. Tetanus and Diphtheria

Primary series in childhood.

Immunization date #1: _____

Immunization date #2: _____

Immunization date #3: _____

Immunization date #4: _____

7. Chicken Pox

Must have had the disease OR positive Varicella antibody OR have had 2 doses of Varicella vaccine.

History of disease (circle one): YES NO

Vaccine #1: _____

Vaccine #2: _____

Titer: _____ Date: _____

8. TB screening (Mantoux)

Must be current within three months of the start of fall semester.

*If there is a past history of a positive PPD, a chest x-ray is required.

Results: _____ Date read: _____

Results of Chest x-ray: _____
(if indicated)

9. Hepatitis B Vaccine

Three doses OR positive antibody required. Signed waiver must be on file until series is completed.

For office use only:

In process: _____

Waiver on file _____

Dose 1: _____

Dose 2: _____

Dose 3: _____

HbsAG results: _____ Date: _____

Healthcare Provider:

Printed Name

Signature

Address

Phone