

IMMUNIZATION RECORD

TO BE COMPLETED AND SIGNED BY LICENSED MEDICAL PRACTITIONER OR CLINIC

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)		Social Security Number*

IMMUNIZATIONS REQUIRED BY NORTH CAROLINA

Immunization	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	
Polio (required for students age 17 and younger)	(#1)	(#2)	(#3)	*If you have had mumps or rubella, you must include both date of disease and titers(blood test results)
DTP or Td (3 doses)	(#1)	(#2)	(#3)	
Td Booster: within last 10 years	(#1)			
MMR (AFTER 1st birthday) 2 doses	(#1)	(#2)		
OR				
MR (AFTER 1st birthday) 2doses	(#1)	(#2)		
MUMPS 1dose				
OR				
MEASLES (AFTER 1st birthday) 2 doses	(#1)	(#2)		
MUMPS 1 dose				
RUBELLA 1 dose				

Disease	Date	Titer date and result (attach lab report)
Rubella	*See above	*See above
Mumps	*See above	*See above
Measles (Rubeola)	Of disease	MD signature

Tuberculin Skin test REQUIRED for : international students and students who have been out of the country or in an area with high risk of exposure within last 12 months. Tuberculin skin test recommended for ALL students

Tuberculin (PPD) skin test— <u>must be within last 12 months</u>	Date given	Date read	results	Signature of licensed practitioner
If positive PPD, CXR required	Date taken	Results	treatment	

RECOMMENDED IMMUNIZATIONS: The following immunizations are recommended for all students.

Immunization	Mo/day/year	Mo/day/year	Mo/day/year	Disease date/titer date/result Attach lab report
MENINGOCOCCAL				
HEPATITIS B SERIES	(#1)	(#2)	(#3)	
VARICELLA (CHICKEN POX) shots or immunity by blood titer	(#1)	(#2)		

OTHER IMMUNIZATIONS

Immunization	Mo/day/year	Mo/day/year	Mo/day/year
Haemophilus influenzae type b			
Pneumococcal			
Hepatitis A series	(#1)	(#2)	
Typhoid (specify type)			
Other:			
Other:			

Printed/Stamped Name of Office/Practitioner:
Address: Phone: ()
Signature of Practitioner: date:

*Provision of Social Security number is voluntary and is requested only to provide a personal identifier for the internal records of this institution.