**HEPATITIS B**

Series Dates (if available) #1 _______________ #2 _______________ #3 _______________

**Hepatitis B Surface Antibody (Quantitative)**  
Titer Date: ___________ Titer Results: ___________

Note: If titer is negative, restart Hepatitis B Series

Series Dates #4 _______________ #5 _______________ #6 _______________

Day 1 30 Days After #4 6 Months after #4

**NOTE:** If you have two complete Hepatitis B series (one series consists of 3 vaccines) and the titer still shows no immunity, then you must provide proof of two complete vaccination series before you can be declared a Hepatitis B non-converter. Once declared a non-converter, you will not be required to receive any more Hepatitis B vaccines.

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**MEASLES (RUBEOLA)**

Series Dates (if available) #1 _______________ #2 _______________

**Measles , IGG**  
Titer Date: ___________ Titer Results: ___________

Note: If titer results are negative or inconclusive/equivocal and you have NO documentation showing you have completed the MMR vaccine series (2 vaccines), then you must start the vaccination series which is 2 immunizations 30 days apart.

Restart Series Date #3 _______________ #4 _______________

If your titers are inconclusive and you do have documentation showing you have completed the MMR vaccination series, a MMR booster is still required.
Form E: Immunization/Titer Results

Titers can be no more than 5 years old.

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Name: ______________________________

MUMPS

Series Dates (if available) #1 ______________________          #2 ______________________

Mumps, IGG

Titer Date: ___________    Titer Results: __________

Note: If titer results are negative or inconclusive/equivocal and you have NO documentation showing you have completed the MMR vaccine series (2 vaccines), then you must start the vaccination series which is 2 immunizations 30 days apart.

Restart Series Date #3 ___________________      #4 _____________________

If your titers are inconclusive and you do have documentation showing you have completed the MMR vaccination series, a MMR booster is still required.

RUBELLA

Series Dates (if available) #1 ______________________          #2 ______________________

Rubella, IGG

Titer Date: ___________    Titer Results: __________

Note: If titer results are negative or inconclusive/equivocal and you have NO documentation showing you have completed the MMR vaccine series (2 vaccines), then you must start the vaccination series which is 2 immunizations 30 days apart.

Restart Series Date #3 ___________________      #4 _____________________

If your titers are inconclusive and you do have documentation showing you have completed the MMR vaccination series, a MMR booster is still required.
Form E: Immunization/Titer Results

**Varicella**

Series Dates (if available) #1 ______________________          #2 ______________________

Varicella, IGG Titer Date: ___________    Titer Results: __________

Note: If titer results are negative or inconclusive/equivocal and you have NO documentation showing you have completed the Varicella vaccine series (2 vaccines), then you must start the vaccination series which is 2 immunizations 30 days apart.

Restart Series Date #3 __________________         #4 _____________________

If your titers are inconclusive and you do have documentation showing you have completed the Varicella vaccination series, a Varicella booster is still required.

**Td and Tetanus, Diphtheria Acellular Pertussis (TDaP) Booster**

Td Series Dates #1 ____________  #2_______________ #3_____________

Adult TDaP Booster* (REQUIRED) Date : ________________

**Must have received after 19 years of age and within the past 10 years.

**FLU VACCINE**

Immunization Date: ______________________

Must be within the past year.
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Form E: Immunization/Titer Results

Titers can be no more than 5 years old.

College of Osteopathic Medicine

Name: _____________________________

Tuberculosis (TB) Screening/Chest X-Ray

Tuberculosis Skin Test (TST) must last throughout the entire academic year. Therefore, it is recommended that you have this done in July and turn into Student Health at the end of July. All other forms should follow the due date process.

There are no exceptions.

A 2 step TB TST (aka PPD) is required. (A 2 Step PPD consists of administration of a PPD waiting one (1) week after the first reading and then having a second PPD administered week three (3). Therefore, the process taking a total of three 3) weeks.

Date 1st TST placed: __________ Date 1st TST read: _______ Results (in mm): __________

Date 2nd TST placed: __________ Date 2nd TST read: _______ Results (in mm): __________

Students with a history of a positive TST and will require an annual Chest X-ray (except for the 2nd year).

Health Care Provider Signature

_________________________________________  ______________________
Printed Name of Licensed Health Care Provider  Date

__________________________
Signature of Licensed Health Care Provider

Revised 04/17/13