Form E: Immunization/Titer Results

Titors can be no more than 5 years old.

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Class of __________ COM □ COP □ GSOE □ MSPAS/MPH □ MPH □

Name _______________________________________________ Gender: M□ F□ Date of Birth ____/_____/_______

**NOTE:** Items 1-5 REQUIRE a copy of ALL Immunization records and the most current lab/titer results to be submitted.

<table>
<thead>
<tr>
<th><strong>Hepatitis B Surf Ab, QN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Titer Date: _________________</td>
</tr>
<tr>
<td><strong>Note:</strong> If Negative, Start Hepatitis B Series: #1 date ________________ #2 ________________ #3 ________________</td>
</tr>
<tr>
<td>Day 1</td>
</tr>
</tbody>
</table>

**NOTE:** If you have received 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.

**Hepatitis B Carrier** Known Hepatitis B carriers are required to have additional blood tests listed below and the results must be included in the health clearance documents you submit:

| Date: _______________________ | Hepatitis B Surface Ag, Hepatitis B core Ab, and Hepatitis Be Ag |

<table>
<thead>
<tr>
<th><strong>Measles (Rubeola) AB, IgG, EIA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Titer Date: _________________</td>
</tr>
</tbody>
</table>

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

| Date of Immunization #1: ________________ | Date of Immunization #2: ________________ |

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

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Revised 02/16/2012
Name: ______________________________________________

**Mumps Antibodies, 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.

Date of Immunization #1:______________________  Date of Immunization #2:_____________________

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

**Rubella Antibodies, 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.

Date of Immunization #1:______________________  Date of Immunization #2:_____________________

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

**Varicella IgG, AB**

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.

Date of Immunization #1:______________________  Date of Immunization #2:_____________________

If your titers are inconclusive and you *do have* documentation showing you have completed the MMR vaccination series, a booster MMR is recommended.
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Name: ______________________________________________

**Tetanus Diphtheria Acellular Pertussis (Tdap) Booster:**

Must have received after 19 years of age. If you have not received a booster that includes acellular pertussis, please ask you healthcare provider to give you the Tdap vaccine as the booster.

**Tdap Booster Date:** _____________________________

**Tuberculosis (TB) Screening/Chest X-Ray:**

**Tuberculosis Skin Test (TST) must** last throughout the entire academic year. There are no exceptions. For more information related to TB clearance requirements, refer to the "Immunization FAQ" letter.

Having a history of receiving the BCG vaccine alone in not acceptable as a positive TST history unless a skin test has been given and the result was 10mm or greater.

**NOTE:** A 2 Step TB TST (aka PPD) is required if the student has not had a TST in more that 1 year.

**Date 1st TST placed:** ____________________________ **Date 1st TST read:** ____________________________

TST Results in Millimeters of Induration ____________________________ (the words "negative" or "positive" are unacceptable)

The 2nd TST must be administered between July 1st and Aug. 31st of the current year. This ensures that the TB clearance will be valid throughout the entire academic year.

**NOTE:** Student with a previous history of a positive TST must submit a current chest x-ray report that is no more that (6) months from the first day of class in August.

**Chest X-Ray Date:** ____________________________  * Must provide a copy of the Radiology report*

**Healthcare Provider Signature**

_________________________________________   ______________________________

Printed Name of Licensed Healthcare Provider     Date

_________________________________________

Signature of Licensed Healthcare Provider

_________________________________________

Address of Healthcare Provider     City     Zipcode

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