SJSU SAN JOSÉ STATE UNIVERSITY

Student Name:_____Student ID_____Date of Birth:_____/_____/_____

San Jose State University REQUIRED IMMUNIZATIONS

REQUIRED IMMUNIZATIONS & LAB TESTS. ***This form must be signed by a Healthcare Provider.***

Immunizations and Lab Tests	Date: Date Administered	Results
MMR Vaccines (2-dose series):	1st Injection: _____/_____/_____ 2nd Injection: _____/_____/_____	
Tetanus/Pertussis/Diphtheria Booster (Tdap):	1st Injection: _____/_____/_____	
Varicella (Chicken Pox Vaccine) (2-dose series):	1st Injection: _____/_____/_____ 2nd Injection: _____/_____/_____	
Hepatitis B (3-dose series):	1st Injection: _____/_____/_____ 2nd Injection: _____/_____/_____ 3rd Injection: _____/_____/_____	
Meningococcal Conjugate: (Serogroups A, C, Y and W-135)	1st Injection: _____/_____/_____	

I verify that the above information is correct.

_____ _____

Signature of Physician/ Nurse Practitioner ***Print Name of Physician/ Nurse Practitioner***

*Phone:*_____*Address:*_____

*City:*_____*State:*_____*ZIP:* _____

Agency/Clinic Providing Service:

_____*Date:* _____