

SAMPLE IMMUNIZATION RECORD

(continued)

This is a SAMPLE immunization record form. If reproduced for use by a college or university health

center, please insert your health center's contact information. This form should not be returned to ACHA.

PART I

Name

First Name

Middle Name

Last

Name

me

Address

Street

City

State

Zip

Date of Entry ____/____/____

Date of Birth ____/____/____

School ID#

M Y
M D Y

Status: Part

-

time _____ Full

-

time _____

Graduate _____ Undergraduate _____ Professional _____

PART II

—

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. MMR

(MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

1.

Dose 1 given at age 12 months or later .

.....

.....

.....

#1 ____/____/____
M D Y

2.

Dose 2 given at least 28 days after first dose .

.....

.....

.....

#2 ____/____/____

M D Y

B

.

POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1.

OPV alone (oral Sabin three doses):

#1 ____/____/____ #2
 ____/____/____ #3 ____/____/____
 M D Y
 M D Y
 M D Y

2.

IPV/OPV sequential:

IPV #1 ____/____/____ IPV #2 ____/____/____ OPV #3
 ____/____/____ O

PV #4 ____/____/____

M D Y
 M D Y
 M D Y
 M D Y

3.

IPV alone (injected Salk four doses):

#1 ____/____/____ #2 ____
 ____/____/____ #3 ____/____/____ #

4

____/____/____
 M D Y
 M D Y
 M D Y
 M D Y

C

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VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1.

History of Disease Yes ____ No ____ or Birth in U.S. before 1980
 Yes ____ No ____

2.

Varicella antibody

____/____/____

Result:

Reactive ____ Non

-

reactive ____

M D Y

3.

Immunization

a. Dose #1 .

.....
.....
.....
.....

#1 ____/____/_____
M D Y

b. Dose #2 given at least 12 weeks after first dose ages 1

-

12 years.

.....
.....

2

/____/_____

and at least 4 weeks after first dose if age 13 years or older.

M D Y

D

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TETANUS, DIPHTHERIA, PERTUSSIS

1.

Primary series completed? Yes ____ No ____

Date of

last

dose

in series:

____/____/_____
M D Y

2.

Date of most recent booster dose:

____/____/_____
M D Y

Type of booster: Td _____ Tdap _____

Tdap booster recommended for ages 11

-

64 unless contraindi

cated.

E

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HUMAN PAPILLOMAVIRUS VACCINE (HPV2 or HPV4)

(Three doses of vaccine for females and males 11

-

26 years of age at 0, 1

-

2, and 6 month intervals.)

Immunization (indicate which preparation) Quadrivalent (HPV4) _____ or Bivalent (HPV2) _

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3
____/____/____

M D Y

M D Y

M D Y

F

.

INFLUENZA

Date of last dose: ____/____/____

M D Y

Trivalent inactivated influenza vaccine (TIV)

Live attenuated influenza vaccine (LAIV)

G

.

HEPATITIS A

1.

Immunization (hepatitis A)

a. Dose #1 ____/____/____

b. Dose #2 ____/____/____

M D Y

M D Y

2.

Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3

____/____/____

M D Y

M D Y
M D Y
H

HEPATITIS B

(

All college and health care professional students. Three doses of vaccine or two doses of adult vaccine in adolescents 11

-

15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1.

Immunization (hepatitis B)

a. Dose #1

____/____/____

b. Dose #2

____/____/____

c. Dose #3

____/____/____

M D Y

M D Y

M D Y

Adult formulation _____ Child formulation _____ Adult formulation _____ Child
formulation _____ Adu

It formulation _____ Child formulation _____

2.

Immunizat

ion (Combined hepatitis A and B vaccine)

a. Dose #1

____/____/____

b. Dose #2

____/____/____

c. Dose #3

____/____/____

M D Y

M D Y

M D Y

3.

Hepatitis

B surface antibody

Date

____/____/____

Result: Reactive _____ Non

-
reactive _____
M D Y
I

.
PNEUMOCOCCAL POLYSACCHARIDE VACCINE
(One dose for members of high

-
risk groups.)
Date
____/____/____
M D Y
J

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MENINGOCOCCAL QUADRIVALENT
(A, C, Y, W

-
135) One or 2 doses for all college students

-
revaccinate every 5 years if increased risk continues.

1.
Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible).

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____
M D Y
M D Y

2.
Quadrivalent polysaccharide (acceptable alternative if conjugate not available).
Date

____/____/____

M D Y