



University Immunization Form

PRINT CLEARLY USING ONLY BLUE OR BLACK INK

Complete and upload to medpasshealth.com by 12/01/2014

Student Name: Radeep Sastry

Date of birth: 05/01/1996

Vaccine	First Dose mmddyyyy	Second Dose mmddyyyy	Third Dose mmddyyyy	Fourth Dose mmddyyyy	Fifth Dose mmddyyyy	Sixth Dose mmddyyyy	Titer Sero Results	Exempt* (see below)
Required Immunizations								
Measles								
Mumps								
Rubella								
Menactra								
Menomume								
Hepatitis B								
Tdap								
Recommended Immunizations								
Varicela								
Polio								
Influenza								
HPV								

If TB skin test is positive, chest x-ray report or IGRA results **MUST** be attached to this form.

***Exemptions** Briefly list any medical exemption the patient has to any required immunization and titer.

Date Read mmddyyyy	+ -	Results < x mm > x mm	Exemptions
			Measles
			Mumps
			Rubella
			Menactra
			Menomume
			Hepatitis B
			Tdap

I certify that the above dates and vaccinations are true.

Student Signature	Student Name	Date of Birth	Date

MEDICAL TREATMENT CONSENT (For Student Under 18): I hereby authorize the <<Organization>> to employ diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary to the health and well-being of my child. I grant permission for the transfer of my child to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.

Signature Of Parent/Guardian	Relationship	Date

Signature of licensed health care professional	Name of Licensed Health Care Professional Date Or Authorized Individual	Date
Stamp of licensed health care professional	NPI # of Licensed Health Care Professional Date Or Authorized Individual	
	NPI Name (if different than name of authorized individual)	