



**IMMUNIZATION RECORD**

Last Name                                      First Name                                      Middle/Maiden Name                                      Date of Birth ( MM/DD/YYYY )                                      Personal ID# (PID)

**SECTION A REQUIRED IMMUNIZATIONS**

Please note that once the bottom of this form has been authenticated by a health care provider, no further revisions or additions can be made to the form without the notation (initials) of that health care provider.

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<b>DTaP / DTP / DT</b> (Diphtheria, Tetanus, and Pertussis or Diphtheria-Tetanus; <b>minimum of three (3)</b> DTaP, DTP, DT, Td or Tdap vaccines. <b>One of those MUST be a Tdap</b> within the past 10 years and students must be current on their tetanus.)				
<b>Td booster</b> (Tetanus-diphtheria)				
<b>Tdap booster</b> (Tetanus-diphtheria and pertussis)				
<b>Polio</b> (minimum of three (3) vaccines is required; if there is insufficient vaccination history for this requirement the student will need to contact the School for directive)				
<b>MMR</b> (Measles, Mumps, Rubella – two (2) MMR vaccines required on or after first birthday OR vaccines for the individual diseases in the form of two (2) Measles, two (2) Mumps and one (1) Rubella OR positive titer lab reports for all three diseases)				
<b>Measles</b> (two (2) required on or after first birthday OR positive titer lab report)				If titer, lab report must be submitted separately
<b>Mumps</b> (two (2) required on or after first birthday OR positive titer lab report)				If titer, lab report must be submitted separately
<b>Rubella</b> (one (1) required on or after first birthday OR positive titer lab report)				If titer, lab report must be submitted separately
<b>Hepatitis B Series</b> (a minimum of three (3) vaccines is required in addition to a positive titer lab report)				Required titer lab report must be submitted separately
<b>Varicella</b> (chicken pox – two (2) vaccines OR positive titer lab report)				If titer, lab report must be submitted separately

**SECTION B REQUIRED HEALTH SCREENINGS**

<b>TB Blood Test***</b>	***Required lab report must be submitted separately. QuantiFERON Gold or T-Spot accepted. If other IGRA test, please contact <a href="mailto:OCSA.Compliance@unc.edu">OCSA.Compliance@unc.edu</a> for directive.
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Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Health Care Provider

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Office Address                                      City                                      State

\_\_\_\_\_  
Zip Code