

SAMPLE PREMATICULATION IMMUNIZATION RECORD

PART I

Name Last Name First Name

Address Street City State Zip

Date of Entry Date of Birth Social Security Number

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. M.M.R. (Measles, Mumps, Rubella) (Two doses required according to NYS PHL.)

1. Dose 1 given at age 12-15 months or later #1 M D Y
2. Dose 2 given at age 4-6 years or later, and at least 28 days after first dose #2 M D Y

B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series with DTaP, DTP, DT or Td and booster with Tdap or Td in the last ten years. Health science students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details.)

1. Primary series of four doses with DTaP or DTP: #1 #2 #3 #4 #5 M D Y
2. Tetanus-Diphtheria-acellular Pertussis (Tdap) and/or M D Y
3. Tetanus-Diphtheria (Td) booster within the last ten years M D Y

C. POLIO (Primary series in childhood meets recommendation; three primary series schedules are acceptable. Refer to ACIP for details.)

1. OPV alone (oral Sabin three doses): #1 #2 #3 #4 M D Y
2. IPV/OPV sequential: IPV #1 IPV #2 OPV #3 OPV #4 M D Y
3. IPV alone (injected Salk four doses): #1 #2 #3 #4 #5 M D Y

D. VARICELLA (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine given at least 28 days apart if immunized at the age of 13 or older meets the recommendation.)

1. History of disease Yes No or Birth in U.S. Yes No
2. Varicella antibody M D Y Result: Reactive Non-reactive
3. Immunization a. Dose # 1 # 1 M D Y b. Dose # 2, given at least 28 days after first dose. # 2 M D Y

E. HEPATITIS B (Three doses of age-appropriate vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis B surface antibody meets the recommendation.)

1. Immunization (Hepatitis B) Dose # 1 M D Y Dose # 2 M D Y Dose # 3 M D Y
2. Immunization (Combined Hepatitis A and B Vaccine) Dose # 1 M D Y Dose # 2 M D Y Dose # 3 M D Y
3. Hepatitis B surface antibody Date M D Y Result: Reactive Non-reactive

F. HEPATITIS A

1. Immunization (Hepatitis A) Dose # 1 M D Y Dose # 2 M D Y
2. Immunization (Combined Hepatitis A and B Vaccine) Dose # 1 M D Y Dose # 2 M D Y Dose # 3 M D Y

G. PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPSV, One dose for members of high-risk groups. Refer to ACIP for details.)

Date M D Y

