

# Immunization Record

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

UCO ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**COMPLETED/SIGNED BY HEALTH CARE PROVIDER OR WITH ATTACHED COPIES OF IMMUNIZATION RECORD**

*All information must be in English*

## REQUIRED Immunizations for All UCO Students:

### Two Doses of (MMR) MEASLES, MUMPS AND RUBELLA and Three Doses of HEPATITIS B

Vaccine                      Enter date each immunization was given

Measles (Month, Day, Year)	#1	#2	<ul style="list-style-type: none"> <li>● The (MMR) Measles, Mumps and Rubella vaccine is not required for college students born before January 1957.</li> <li>● The 2<sup>nd</sup> dose of MMR must be administered no sooner than 28 calendar days after the 1st dose. The 3<sup>rd</sup> dose of MMR must be administered no sooner than 6 months after the 2<sup>nd</sup> dose.</li> <li>● In lieu of immunization, written evidence of laboratory tests showing range of immunity to Measles, Mumps and Rubella is acceptable. Attach written proof to the Certificate.</li> </ul>
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	

Hepatitis B (Month, Day, Year)	#1	#2	#3
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### TB - Tuberculosis Screening

1. PPD (Mantoux) within the past 6 months                      *Result:* \_\_\_\_\_
2. If PPD is positive (10mm or greater) chest X-ray required

*X-Ray results:*    Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

3. If previously treated for TB please submit copied of medical records indicating treatment

### To the Health Professional

Please review the requirements, administer the needed immunizations, and sign below to validate.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please email your official immunization documents to the [Jackson College of Graduate Studies](#).