

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"> ● The (MMR) Measles, Mumps and Rubella vaccine is not required for college students born before January 1957. ● The 2nd dose of MMR must be administered no sooner than 28 calendar days after the 1st dose. The 3rd dose of MMR must be administered no sooner than 6 months after the 2nd dose. ● 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.
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	
Hepatitis B (Month, Day, Year)	#1	#2	#3

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](#).