



Immunization Status Form

Students are required to provide copies of their immunization records or the below form completed by a physician. Your doctor's office should indicate specific dates on which your immunizations were completed. If immunization records are unavailable, serum titers must be used to document immunity for measles, mumps, rubella.

NOTE: 75-Hour CNA Students ONLY need a copy of their TB skin test. Advanced CNA students need to provide copies of the following:

***Patient's Full Name:** _____ **Date of Birth:** _____

All persons born on or after 1/1/1957 need proof of immunity for MMR:

Measles, Mumps and Rubella: Must have (2) injections of each.

Measles 1st injection: Date: ___/___/___ 2nd injection: Date: ___/___/___
Mumps 1st injection: Date: ___/___/___ 2nd injection: Date: ___/___/___
Rubella 1st injection: Date: ___/___/___ 2nd injection: Date: ___/___/___

OR

Blood titer level drawn: Date: ___/___/___ **Please attach copy of the results**

Tuberculin Test (TB): PPD Test by Mantoux: Has had negative tuberculosis test within the past 12 months.

Date Given: ___/___/___ Date Read: ___/___/___ mm Induration: _____

If positive skin test, date of last chest x-ray: ___/___/___ Please attach copy of chest x-ray

Physical Examination: (to be completed by your doctor):

I have examined the patient and determined that this person is in good physical and mental health, has no signs or symptoms of communicable diseases, and is able to function and perform all job duties without any physical limitations in his/her profession at full capacity.

Signature and title of Provider

Date of Examination

Printed Name of Provider

Office / Clinic Address:
(PLEASE PRINT)

Clinic: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____ Office Fax: _____