



### 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 and chicken pox.

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

**All persons born on or after 1/1/1957 need proof of immunity for the following:**

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

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

**Chicken Pox:**

Has had an active case of chicken pox in the past. Date: \_\_\_/\_\_\_/\_\_\_

**OR**

If unreliable history (therefore potentially susceptible) must have sufficient varicella titer or immunization required (unless medical waiver). Date: \_\_\_/\_\_\_/\_\_\_ Please attach copy of their results

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Office / Clinic Address:**  
*(PLEASE PRINT)*

Clinic: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_