



IMMUNIZATIONS FORM
Pat Capps Covey College of Allied Health Professions
 University of South Alabama
 5721 USA Drive North
 Mobile, Alabama 36688-0002

Directions/Disposition: Part A is to be completed by the students, Parts B, C (initial test only) & D by the healthcare provider, and Parts C (annual tests) & E by department designee. Original is maintained in the permanent student record.

Part A. Student Information (please print):

| | |
|---|-----------------------------------|
| Name: _____ <small>(last, first, MI)</small> | JAG#: _____ |
| Birth date: _____ <small>(month, day, year)</small> | Academic Department: _____ |
| Permanent Address: _____ <small>(street, city, state, zip)</small> | |
| Phone numbers: (1) Home: _____ (2) Cell: _____ <small>(include area code if not 251)</small> | |

Part B. Immunization Information (please print):

| Vaccination ¹ | 1 st immunization | | 2 nd immunization | | 3 rd immunization | |
|---|------------------------------|----------------------|------------------------------|----------------------|------------------------------|----------------------|
| | Vaccine type | Date (mm/dd/yyyy) | Vaccine type | Date (mm/dd/yyyy) | Vaccine type | Date (mm/dd/yyyy) |
| Measles (rubeola) ² | | | | | | |
| Mumps ² | | | | | | |
| Rubella (German measles) ² | | | | | | |
| MMR (trivalent) ² | | | | | | |
| Tdap (DPT) ³ /Td booster (2 nd /3 rd) | | | | | | |
| Hepatitis A/B Virus ⁴ | | | | | | |
| Varicella (chicken pox) | | | | | | |
| Meningitis (meningococcal) ⁵ | | | | | | |
| Other (specify _____) | | | | | | |

Part C. Vaccination Titers (please print):

| Agent titered | Date (mm/dd/yyyy) | Result interpretation ⁴ | |
|-------------------|-------------------|------------------------------------|-----------------------------------|
| Rubella | | <input type="checkbox"/> positive | <input type="checkbox"/> negative |
| Measles | | <input type="checkbox"/> positive | <input type="checkbox"/> negative |
| Varicella | | <input type="checkbox"/> positive | <input type="checkbox"/> negative |
| Hepatitis B virus | | <input type="checkbox"/> positive | <input type="checkbox"/> negative |

Part D. Tuberculosis (TB) Testing

| | Date (mm/dd/yyyy) | Result (in mm) | Interpretation | |
|----------------------------------|-------------------|----------------|--|-----------------------------------|
| Initial TB Skin test | _____ | _____ | <input type="checkbox"/> positive ⁶ | <input type="checkbox"/> negative |
| Repeat TB Skin test ⁷ | _____ | N/A | <input type="checkbox"/> positive ⁶ | <input type="checkbox"/> negative |
| Annual TB Skin test | _____ | _____ | <input type="checkbox"/> positive ⁶ | <input type="checkbox"/> negative |
| Annual TB Skin test | _____ | _____ | <input type="checkbox"/> positive ⁶ | <input type="checkbox"/> negative |
| Chest X-ray/IGRA test | _____ | N/A | <input type="checkbox"/> positive | <input type="checkbox"/> negative |

Part E. Influenza Vaccination

1st annual _____ 2nd annual _____ 3rd annual _____
Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)

Part F. Provider Certification

Physician/HCP (or authorized signature)

Date **License #/State** (or stamp)

Provider Stamp (here)

Footnotes:

- ¹ Immunizations not listed can be added to the back of this form by indicating immunization name and date performed.
- ² Two doses of measles vaccine are required for students born after 1956, one dose administered after 1980, one dose given as part of a MMR.
- ³ A one-time dose of Tdap (DPT) is required for all employees/students who have not received Tdap previously or cannot show proof of receiving. A Td booster is required every 10 years thereafter by IM (intramuscular).
- ⁴ A Hepatitis B virus (HBV) vaccination is required but combination HBV & Hepatitis A virus (HAV) Twinrix (HAV/HBV) is highly recommended.
- ⁵ A single dose immunization is sufficient if received within last 5 years.
- ⁶ Positive PPD result must be followed up with a chest X-ray or an Interferon-Gamma Release Assay (IGRA) whole blood test.
- ⁷ All new employees/students must get a tuberculin skin test (TST). Annual retesting is required for individuals entering clinical sites.