



STUDENTS IMMUNIZATION RECORDS

Student's Name: _____ **Last 4 of your SSN:** _____

Work location: _____ **Telephone number:** _____

Required vaccinations or proof of immunity IAW CDC guidelines

A titer is required only if written proof of vaccination date(s) is not available. If a titer demonstrates lack of immunity, vaccination is required unless the vaccination requirement is waived IAW hospital policy.

1. **Hepatitis B vaccinations:** date of #1 _____ date of #2 _____ date of #3 _____
HBsAb titer date: _____ Result: _____

2. **Tdap:** Vaccination date: _____ **Td:** Vaccination date: _____
one-time dose of Tdap and Td every 10 years thereafter

3. **Varicella** (chicken pox): date of #1 _____ date of #2 _____
Varicella titer date: _____ Result: _____

4. **Measles** (after age 18): date of #1 _____ date of #2 _____ date of #3* _____
Measles titer date: _____ Result: _____

5. **Mumps** (after age 18): date of #1 _____ date of #2 _____ date of #3* _____
Measles titer date: _____ Result: _____

6. **Rubella** (after age 18): date of #1 _____ date of #2 _____ date of #3* _____
Measles titer date: _____ Result: _____

7. **Influenza:** Vaccination date: _____ Exemption is required for employee in IAW hospital policy if student is involved with direct patient care and not vaccinated annually.

8. **Polio:** Vaccination is not required unless student is working with patient(s) who shed the virus.

*Two MMR re-vaccinations are recommended for HCWs after age 18 and MMR #2 or #3 is recommended at age 50 or older unless medically contra-indicated or positive titers.

ALLERGIES: _____

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Student's Name: _____ **Last 4 of your SSN:** _____

Work location: _____ **Telephone number:** _____

Required pre-student screening for tuberculosis and LTBI (latent TBI):

YES / NO /NA

- Student has a negative 2-step tuberculin skin test IAW CDC guidelines:
TST #1: _____ TST #2: _____
- IGRA test for LTBI if performed instead of TSTs: date: _____ Result: _____
- Chest X-ray if screen for LTBI (TST or IGRA) is positive: date: _____ Result: _____
- Employee is free of active TB.

To be completed by Students physician:

As examining physician, I have reviewed the position description and the hospital requirements to screen for latent TB infection (LTBI), active TB infection, and required vaccinations for hospital employee's, Students, volunteers, at Womack Army Medical Center. Checklist of requirements is listed in Appendix G.

Name of student examined: _____ Date of exam: _____.

YES /NO/ NA

- Student has completed a screen for latent TB infection. Date: _____
- Student is free of active TB.
- Student has been vaccinated or has immunity IAW hospital policy
- Student must return for additional vaccinations and/or tests.
Reason for return visit: _____

Signature of physician who reviewed records: _____

Telephone: _____ **Date:** _____

Name and address of Students physician:

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