

**Student Health Services – Student Immunization Requirements**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

St. Vincent’s College and St. Vincent’s Medical Center require students provide, from their physician, proof of immunity or vaccination for the following diseases. **This form must be completed before scheduling your health assessment. Your health assessment will not be done without this form completed.**

**1. Measles, Mumps and Rubella (2 doses of MMR or 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella required.**

1<sup>st</sup> dose MMR date: \_\_\_\_\_ 2<sup>nd</sup> dose MMR date: \_\_\_\_\_

**OR**

1<sup>st</sup> dose Measles date: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_  
2<sup>nd</sup> dose Measles date: \_\_\_\_\_ Mumps: \_\_\_\_\_

**OR**

Measles Titer	Date: _____	Result: _____
Mumps Titer	Date: _____	Result: _____
Rubella Titer	Date: _____	Result: _____

**2. Tetanus/Diphtheria (within last 10 years) Date: \_\_\_\_\_**

**3. Hepatitis B (3 doses AND a titer are required)**

1<sup>st</sup> dose date: \_\_\_\_\_ 2<sup>nd</sup> dose date: \_\_\_\_\_ 3<sup>rd</sup> dose date: \_\_\_\_\_

**AND**

**Hep Bsab (Quantitative) >10=immune** Date: \_\_\_\_\_ Result: \_\_\_\_\_

**4. Chickenpox**

Varicella Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

**OR**

**2 doses are required for all students**

Varicella Vaccine Date: \_\_\_\_\_  
Varicella Vaccine Date: \_\_\_\_\_ (at least 1 month apart)

**(PLEASE NOTE THAT HISTORY OF DISEASE WILL NOT BE ACCEPTED)**

**5. Tuberculosis (this is provided by the college if not previously done)**

**Two-Step Tuberculin skin test (Mantoux only)**

PPD #1 within the last 12 months Date: \_\_\_\_\_ Result: \_\_\_\_\_

PPD #2 within the last 6 months Date: \_\_\_\_\_ Result: \_\_\_\_\_

If PPD +, obtain CXR and provide results and documentation of any treatment

I acknowledge completing the above required immunization/immunity testing on \_\_\_\_\_.

Health Care Provider’s Signature: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_