



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

Part A. Student Information (please print):

Name: _____ **J#:** _____
(last, first, MI)

Birth date: _____ **Academic Department/Program:** _____
(month, day, year)

Permanent Address: _____
(street, city, state, zip)

Phone numbers: Home: _____ **Cell:** _____

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 (2nd/3rd)						
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	Quantitative titer result	Interpretation*	
Rubella		IU/ml	<input type="checkbox"/> immune	<input type="checkbox"/> not immune*
Measles		IU/ml	<input type="checkbox"/> immune	<input type="checkbox"/> not immune*
Varicella		IU/ml	<input type="checkbox"/> immune	<input type="checkbox"/> not immune*
Hepatitis B virus		IU/ml	<input type="checkbox"/> immune	<input type="checkbox"/> not immune*

*Following a “not immune” result, shot series should be repeated based on recommendation of the healthcare provider serving the current evaluation. Following the secondary shot series, the student will be considered compliant for the specific agent titered.

Part D. Tuberculosis (TB) Testing

	Date mm/dd/yyyy	Result	Interpretation		
TST step #1 (skin test) ⁷		mm	<input type="checkbox"/> positive ⁶	<input type="checkbox"/> negative	
TST step #2 (skin test) ⁷		mm	<input type="checkbox"/> positive ⁶	<input type="checkbox"/> negative	
or					
QuantiFERON TB Gold or T-Spot ⁷ (Interferon Gamma Release Assay)			<input type="checkbox"/> positive ⁶	<input type="checkbox"/> indeterminate	<input type="checkbox"/> negative
or					
Chest X-ray/IGRA test			<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

Provider Stamp (here)

Authorized Signature

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

Students:

*Make a copy of completed form for your records
 Deliver original to your department*

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) or QuantiFERON-TB Gold test. Annual retesting may be required for individuals entering clinical sites.