



STUDENT IMMUNIZATION RECORD

MEDICAL ASSISTANT CERTIFICATION TRAINING

Date: _____ Month/Year Starting the Program: _____
Student Name: _____ Student ID#: _____

Please attach a copy of immunization records or laboratory evidence of immunity.

- 1. Chickenpox disease: Yes _____ (Provide documentation) No _____ Uncertain _____
If no or uncertain, then need Varicella Zoster Titer
And if not immune, then need Chickenpox (Varivax) Vaccines:
2. Hepatitis B Vaccine series
Hepatitis B antibody titer showing immunity
3. Tetanus/Diphtheria/Pertussis booster within the last 10 years
one dose of Adacel (Tdap) within the last 10 years:
4. Two doses of MMR vaccine on or after your first birthday are required.
OR—Titers for all three:
Measles (Rubeola) Titer
Mumps Titer
Rubella Titer
5. Tuberculosis Test (TB) Results (must be updated yearly)
Where Obtained:
6. Influenza vaccination (must be updated yearly)

The information reported is truthful to the best of my knowledge and according to medical documentation. I give permission to share this information with externship sites.
Student Signature: _____ Date: _____