**Shot Record**

In order to safeguard patients, students, and employees, ‘official documentation’ regarding your immunity status must be provided. Indicate which type of documentation you are submitting by placing dates in the columns provided & attach any copies for verification.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Beginning Clinical Rotation:\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Please Provide Documented Immunity to the Following | Give Date(s) | Give Date(s) | Give Date (s) |
| **1. Proof of Rubella (3-day) Measles:** |  |  |  |
| A. Laboratory evidence (positive serological titer) **or** |  |  |  |
| 1. Documented evidence of Rubella vaccination on or after

12 months of age. |  |  |  |
| **2. Proof of Rubeola (Hard) Measles:** |  |  |  |
|  A. Laboratory evidence (positive serological titer) **or** |  |  |  |
| 1. Documented evidence of Measles vaccination on or after

12 months of age. (2 doses separated by 28 days) **or** |  |  |  |
| 1. Personal history of disease (diagnosed by physician)
 |  |  |  |
| **3. Mumps Immunity:** |  |  |  |
| A. Laboratory evidence (positive serological titer) **or** |  |  |  |
| 1. Documented evidence of Mumps vaccination on or after

12 months of age **or** |  |  |  |
| C. Personal history Disease |  |  |  |
| **4. Varicella Immunity:** |  |  |  |
| A. Documented evidence on/after 12 months(1yr)to 13 yr **or** |  |  |  |
| 1. Documented evidence of 2 doses separated by 28 days

after 13 yrs **or** |  |  |  |
| C. Person history of disease |  |  |  |
| **5. Hepatitis B Vaccine:\*** |  |  |  |
|  A. Laboratory evidence (positive serological titer) **or** |  |  |  |
| B. Documented evidence of at least 2 vaccinations **or** |  |  |  |
| C. Declination form signed/copy attached |  |  |  |