Required Immunizations

The following immunization requirements must be met before admission requirements are complete:

1. **1 Adult Tdap:** Date of administration ______________________ (Within last 10 years to be current)

2. **MMR Vaccinations:**
   A. MMR combination vaccine
      - Two MMR vaccinations after one year of age: ___________ (date) & ___________ (date)
      - OR Laboratory evidence of immunity: ______________ (Titer) on _______________ (date)
   OR

   B. Individual vaccines
      1. Measles (Rubeola)
         - Two measles vaccinations after one year of age: _________ (date) & __________ (date)
         - OR Positive measles (rubeola) titer: ___________ (Titer) on ______________ (date)
         - OR Physician documentation of having the disease
      2. Mumps
         - Mumps vaccination after one year of age: ____________________________ (date)
         - OR Positive mumps titer of ____________________________ on _______________ (date)
         - OR Physician documentation of having the disease
      3. Rubella
         - Rubella vaccination after one year of age: ____________________________ (date)
         - OR Positive rubella titer of _______________ on _________________________ (date)

3. **Two varicella zoster vaccinations:** Dates of administration: _______________ and _______________
   Positive varicella titer: Date drawn _______________ Results _______________
   OR

4. **2 Step Mantoux-Tuberculin Skin Test:** (must be within the past year) or evidence of a previous 2 step and annual Mantoux within the past year.
   #1____________________ (date) __________________ reaction
   #2____________________ (date) __________________ reaction
   Yearly Mantoux-Tuberculin Skin Test __________ (date) __________________ reaction

   *If skin test is positive, a negative chest x-ray will be necessary.*
5. **Hepatitis B vaccine**: Date of administration or lab work showing immunity.

   Date of first vaccine ________________
   Date of second vaccine ________________
   Date of third vaccine ________________

6. **Annual Flu Immunization** during the current flu season (September through March) or documentation of severe allergic reaction to eggs or other vaccine components, a history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, or religious exemption or other conditions.

   Date of first immunization ________________  Date of second year immunization ________________

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