

Required Lab Tests and Vaccinations

Student: _____ Date: _____

TEST	RESULT
IGRA (TB GOLD) · (Chest x-ray PA & Lateral) if IGRA is POSITIVE	DATE: _____ RESULTS: _____ DATE: _____ RESULTS: _____
VACCINATION	DATE GIVEN/TITER DRAWN
Tdap	Date of last Tdap Booster _____ (within the last 10 years)
Measles (Rubeola) 2 live vaccinations after 1 st birthday	Dates of Measles immunizations _____ Titer Value _____ Does this titer constitute immunity to Measles? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mumps 2 live vaccinations after 1 st birthday	Dates of Mumps immunizations _____ Titer Value _____ Does this titer constitute immunity to Mumps? <input type="checkbox"/> YES <input type="checkbox"/> NO
Rubella (German Measles) 2 live vaccinations after 1 st birthday	Dates of Rubella immunizations _____ Titer Value _____ Does this titer constitute immunity to Rubella? <input type="checkbox"/> YES <input type="checkbox"/> NO
Varicella (Chicken Pox) 2 live vaccinations or titer if history of disease	Dates of Varicella immunizations _____ Titer Value _____ Does this titer constitute immunity to Varicella? <input type="checkbox"/> YES <input type="checkbox"/> NO
Hepatitis B Vaccine 3 dose series	Date of Hepatitis B Vaccines: _____ *** I choose to decline the Hepatitis B Vaccine at this time and understand the risks in doing so: Signature: _____ Date: _____
Covid Vaccination	Dose 1: _____ Dose 2: _____ Manufacturer: Booster: _____ Manufacturer: *** If a student chooses not to get the Covid vaccine, a religious or medical exemption request form must be filled out and submitted

- A copy of the lab report must be submitted for titers drawn
- A copy of the Covid vaccine card must be submitted

Health Care Provider's Name and Title (please print) Health Care Provider's Signature Date