**Standard Vaccine Form**

***For Respiratory Therapy Technology Program***

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Name of Applicant Date of Birth

**Vaccine Form:** Must be completed and initialed by a physician or trained medical personnel under the supervision of a physician.

**Has the applicant had: Initials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rubella Vaccine** | | | |  |
|  | Yes | Date(s) of immunization: |  |  |
| **A titer is required regardless of immunization status** | **Date of titer:** |  |  |
| **Measles (Rubeola) Vaccine** | | | |  |
|  | Yes | Record dates of 2 live immunizations after 1st birthday |  |  |
|  | No/Unknown | Titer required  Date of titer: |  |  |
| **Mumps Vaccine** | | | |  |
|  | Yes | Record dates of 2 live immunizations after 1st birthday |  |  |
|  | No/Unknown | Titer required  Date of titer: |  |  |

**Has the applicant had: Initials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Polio Vaccine** | | | |  |
|  | Yes | Date of immunization: |  |  |
| No/Unknown | Titer required  Date of titer: |  |  |
| **Chickenpox (Varicella)** | | | |  |
|  | Vaccine | Date of immunization: |  |  |
| Illness | Date of illness required (if applicable): |  |  |
| **Tdap Vaccine Within Last 7 Years** | | | |  |
|  | Yes | Date of immunization: |  |  |
| No/Unknown | Booster required –  record date: |  |  |

I certify that I am a licensed physician or work directly with a licensed physician.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Signature* *Date of Examination*

**\*\*\*Cost of the physical examination, laboratory tests and immunizations assumed by applicant. \*\*\***

**Students: Submit this completed form to the Student Upload Portal found on the Respiratory Therapy webpage.**