

**Mercer University School of Medicine
Visiting Student Record of Immunizations**

Name _____ SS# _____ DOB _____

TB Testing: PPD (Mantoux) is required & must have been done within the six months before the first day of class. Students who have had a positive TB test must submit a chest x-ray report with documentation of a normal chest x-ray. An official chest x-ray report must be attached.

PPD Reading _____ mm POS ___ NEG ___ Date _____

REQUIRED IMMUNIZATIONS

Measles (Rubeola): two immunizations are required for all students born after 1956.

Rubeola or **MMR** **Date of Dose #1** _____ **Date of Dose #2** _____

or **positive Rubeola titer. Copy of lab report must be attached.**

Mumps: one immunization is required for all students born after 1956, or date of physician- diagnosed disease.

Mumps vaccine or **MMR** **Date** _____

or **positive Mumps titer. Copy of lab report must be attached.**

or **physician-diagnosed disease** **Date** _____

Rubella: one immunization is required for all students.

Rubella vaccine or **MMR** **Date** _____

or **positive rubella titer. Copy of lab report must be attached.**

Chickenpox (Varicella)

Disease: **Yes** **No** **Date** _____

or **positive Varicella titer. Copy of lab report must be attached.**

or **Varicella vaccine: Date of #1** _____ **Date of #2** _____

Tetanus/Diphtheria **Date primary series completed** _____

Date of last booster (must be within 10 years) _____

Polio **Date series completed** _____ **Type of Vaccine: Oral ___ Inact. ___ E-IPV ___**

Date of Booster _____

Hepatitis B:

Dates received: #1 _____ **#2** _____ **#3** _____

Titer: Date _____ **Results** _____ **Lab report must be attached.**

Information Certified by: _____

(Signature of Health Care Official)

STAMP