

EGH EMS EDUCATION IMMUNIZATION RECORD

This form must be completed by a health care provider.

Elkhart General Employee Health and the EMS department require verification of immunity for measles, mumps, rubella, hepatitis B and varicella . Exact dates are required for all immunizations and/or serological test results. If serology titer is done, please attach a copy of the report. If serology titer indicates lack of immunity, vaccines must be administered.

Student Name: _____ Date: _____

REQUIRED IMMUNIZATIONS

MMR (Measles, Mumps, Rubella) 2 doses required (or 1, 2, and 3 below)
Dose 1 Immunized on or after first birthday Date: _____

Dose 2 Given at least one month after dose 1 Date: _____

OR All the following if given instead of MMR

1) **MEASLES (RUBEOLA)** 2 doses required
Dose 1 Immunized on or after first birthday Date: _____

Dose 2 Given at least one month after dose 1 Date: _____

If unable to document 2 Measles Immunization dates must provide: Measles serology immune titer value _____

Interpretation: _____ Immune _____ Not Immune Date: _____

2) **MUMPS** 1 dose on or after first birthday
If unable to document 1 Mumps Immunization date must provide: Mumps serology immune titer value _____

Interpretation: _____ Immune _____ Not Immune Date: _____

3) **RUBELLA** 1 dose on or after first birthday
If unable to document 1 Rubella Immunization date must provide: Rubella serology immune titer value _____

Interpretation: _____ Immune _____ Not Immune Date: _____

HEPATITIS B VACCINE - 3 dose series completed or in process required

Dose 1: _____ Dose 2: _____ Dose 3: _____

OR: Documentation of a positive antibody titer (HbsAB)

Positive _____ Negative _____ Date: _____

VARICELLA VACCINE (Chicken Pox) Dose 1 _____ Dose 2 _____

OR: Varicella serology immune titer value _____ Date: _____

OR: History of disease Date: _____

RECOMMENDED IMMUNIZATION

TETNUS-DIPHTHERIA Immunization Booster **within past 10 years** Date: _____

PHYSICIAN INFORMATION

Physician Name (Please print) _____ Signature _____

Address _____

Phone _____ Fax _____