

IMMUNIZATION/TEST RECORD FOR VISTING MEDICAL STUDENTS AT UMKC

Student's Name:		Student Date of Birth:	
Department being Visited:	Beginning Date:	Ending Date:	

	<i>Please check boxes below where appropriate</i>	Date(s) Given	
<i>Tuberculosis</i>	Negative Mantoux TB test within 6 months of starting date <input type="checkbox"/> If positive history of TBC, document recent chest x-ray (if indicated based upon a symptom review) and describe treatment for TB exposure (month/yr) <input type="checkbox"/>		
<i>Poliomyelitis</i>	Initial series of 3		
<i>DPT (Diphtheria, Pertusis, Tetanus)</i>	Initial series of 3 and a tetanus booster within 10 years		
<i>Measles (Rubeola)</i>	2 live vaccinations (1 st vaccination needs to have been given at least one year from birth) <input type="checkbox"/> or positive antibody <input type="checkbox"/> if born before 1957, provide year student had disease <input type="checkbox"/>		
<i>Rubella (German Measles)</i>	Vaccination <input type="checkbox"/> positive antibody <input type="checkbox"/> If born before 1957, provide year student had disease <input type="checkbox"/>		
<i>Mumps</i>	Vaccination <input type="checkbox"/> positive antibody <input type="checkbox"/> If born before 1957, provide year student had disease <input type="checkbox"/>		
<i>Hepatitis B</i>	Series of 3 (0, 1 and 3 months) in the deltoid <input type="checkbox"/> Or positive antibody titre <input type="checkbox"/>		
<i>Chicken Pox</i>	Had disease (provide year student had disease) <input type="checkbox"/> Date of positive antibody <input type="checkbox"/> Have not had disease, but have received varicella vaccine (provide dates for 1 or 2 doses received) <input type="checkbox"/>		
	Do you currently have an infectious disease (if yes, please explain)?	Yes	No

Signature/Title of school health official or Physicians signature:	Date:

I certify the following immunizations/tests above are current for the student at this time.

