PART V IMMUNIZATION HISTORY

MMR (Measles, Mumps and Rubella) mo/day/yr 1.__/__/__ 2.__/__/__
DPT (Diptheria, Pertussis, Tetanus) mo/yr 1.__/__ 2.__/__ 3.__/__ 4.__/__ 5.__/
Tdap (Tetanus booster) mo/yr 1.__/__
OPV (Oral Polio Vaccine) mo/yr 1.__/__ 2.__/__ 3.__/__ 4.__/
HBV (Hepatitis B) mo/day/yr 1.__/__/__ 2.__/__/__ 3.__/__/__
Menactra (Meningococcal Vaccine) mo/day/yr 1.__/__/__ 2.__/__/__
(2 doses are required if 1st dose was received prior to age 16)

Varicella: History of chicken pox disease, a positive Varicella antibody, or two doses of vaccine required

1. History of Disease (Chicken Pox) Yes____ No____
2. Varicella Antibody Reactive____ Non-reactive____ mo/yr /__/ (provide documentation if test done)
3. Immunization mo/yr 1.__/__ 2.__/__

Tuberculosis Screening (Student: answer all questions below)

1. Does the student have signs or symptoms of active tuberculosis disease?
   Coughing up phlegm for more than three weeks Yes No
   Coughing up blood or blood streaked phlegm Yes No
   Hoarseness Yes No
   Fever/Chills Yes No
   Night Sweats Yes No
   Unexplained weight loss Yes No
   Loss of appetite Yes No
   Unexplained fatigue Yes No

2. Is the student a member of a high-risk group?
   Has student had contact with persons who;
   ● Have active TB Yes No
   ● Are foreign-born from areas of the world with a high prevalence of TB Yes No
   ● Has student ever had a positive skin test? Yes No
     If yes, when______________
   ● Has student ever had a chest x-ray? Yes No
     If yes, when and where was your last one done?

*Tuberculosis skin testing may be indicated if student is determined to be at high risk.