

## PART V IMMUNIZATION HISTORY

**MMR** (Measles, Mumps and Rubella) mo/day/yr 1. \_\_/\_\_/\_\_ 2. \_\_/\_\_/\_\_

**DPT** (Diphtheria, Pertussis, Tetanus) mo/yr 1. \_\_/\_\_ 2. \_\_/\_\_ 3. \_\_/\_\_ 4. \_\_/\_\_ 5. \_\_/\_\_

**Td or 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. \_\_/\_\_/\_\_

**Varicella** (Either a history of chicken pox, 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 that 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.

