Augustana College

Immunization Record

To be completed and signed by health care provider.* ALL DATES MUST INCLUDE MONTH, DAY AND YEAR.

	SOCIAL SECURITY NUMBER						
LAST NAME (PLEA	ASE PRINT)		FIRST				
STUDENT I.D. NUM	MBER		DATE OF BIRTH (MONTH/DAY/YEAR)			() Male () Female SEX ASSIGNED AT BIRTH	
			·				
ADDRESS			CITY	STA	TE	ZIP	
		1	2	3	4	5	
Required Imm	unizations	MO DAY Y		MO DAY YR	MO DAY YR	MO DAY YR	
Diphtheria, Pertu	ssis and Tetanus (DPT)						
Diphtheria and Te	tanus (Td or TD)						
Combined Measle	es, Mumps/Rubella (MMR)				1 Clinic diagnosis of rub	eola and mumps acceptable	
Combined Measles and Rubella (MR)					if verified by physician	with specific date.	
Rubeola (Red Measles) Live Virus Vaccine					Rubeola: Mumps:		
Rubella (3-day or German Measles)					2. Lab confirmation of ru		
Mumps						COPY OF LAB RESULTS.	
Meningitis #1_	ningitis #1 #2 1. First dose given between a 2. Booster dose given on or af						
Optional Immu	inizations (please reco	ord dates give	n) Hepatitis B #1_	#2	2#3		
TUBERCULOS	IS (for non-U.S. reside	ents only)					
4 Tu	berculin Skin Test:	-	Date Given	Do	to Dood		
ı. ıu	bercutiii 3kiii 1est:	L	(MONTH/D		(MONTH/DA	Y/YEAR)	
_			(5)				
			(Record actual mm of in ation as well as risk fact				
1111	ter pretation (based on	i iiiiii oi iiidai	ation as well as risk fact	.013). 1 0311146	Negative		
2. Ch	nest x-ray (required if	tuberculin sk	in test is positive) result	: Normal	Abnormal		
				INIT			
(MONTH/DAY/YEAR)		-	INH (MONTH/DAY/YEAR)				
PHYSICIAN OR OT	HER HEALTH CARE PROV	IDER SIGNATUR	F AND TITLE				
THISIOIAN ON O	THE THEALTH GARLET HOTE	IDEN SIGNATOR	E AND THEE				
NAME (PRINT)							
ADDRESS							
TELEPHONE							
•	sed to practice medicine i a Department Recognize		ches (M.D. or D.O.) or local h	ealth authority or Reg	istered Nurse employed by	a school, college,	
or university of	a Bepar tillent Necoginzer	u vaccine i rovii	aci.				
	SE ONLY						
FOR OFFICE US							
Reviewed by			Date		[] Comp	olete [] Incomplete	
	Measle	es (Rubeola)	Rubella (German Measles	s) Mumps	Tetanus Diphtheria	Meningitis	
	Immune	[]	[]	[]	[]	[]	
EXEMPT:	Medical	[]	[]	[]	[]	[]	
	Religious	[]	[]	[]	[]	[]	