

OHIO DOMINICAN UNIVERSITY ~ IMMUNIZATION RECORD

PART I

Name _____
Last Name First Name

Address _____
Street City State Zip

Date of Entry ____/____/____ Date of Birth ____/____/____ Social Security Number ____/____/____-____/____/____-____/____/____
M Y M D Y

Status Part-time ____ Full-time ____ Graduate ____ Undergraduate ____ Professional ____

PART II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER. All information must be in English.

A. M.M.R. (Measles, Mumps, Rubella)

1. Dose 1 given at age 12 months or later #1 ____/____/____
M D Y

2. Dose 2 given at least 28 days after the first dose..... #2 ____/____/____
M D Y

• **Physician Assistant Student requirement: two doses and a reactive rubella antibody test.**

3. Rubella antibody ____/____/____ Result: Reactive ____ Non-reactive ____
M D Y

B. POLIO

1. OPV alone (oral Sabin three doses):#1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV# 1 ____/____/____ IPV #2 ____/____/____ OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y

C. VARICELLA

1. History of Disease Yes ____ No ____

• **Physician Assistant Student requirement: two doses or immunity by reactive antibody test.**

2. Immunization

a. Dose #1..... #1 ____/____/____
M D Y

b. Dose #2 given at least 12 weeks after first dose ages 1-12 years #2 ____/____/____
and at least 4 weeks after first dose if age 13 years or older. M D Y

3. Varicella antibody ____/____/____ Result: Reactive ____ Non-reactive ____
M D Y

D. TETANUS-DIPHTHERIA-PERTUSSIS

1. Primary series of four doses with DTaP, DTP, DT or Td:

#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible)..... ____/____/____
M D Y

3. Booster: Td within the last ten years..... ____/____/____
M D Y

(continued)

E. HUMAN PAPILLOMAVIRUS VACCINE BIVALENT (HPV2) OR QUADRIVALENT (HPV4) IF VACCINATED, LIST BELOW. NOT AN ABSOLUTE REQUIREMENT

Females 11 or 12 years old, females age 13-26 years old who have not received the vaccine previously, and males 9-26 years old: three doses at 0, 2, and 6 months for the quadrivalent vaccine. For the bivalent vaccine, three doses at 0, 1, and 6 months.

Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___
M D Y M D Y M D Y

F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___
M D Y M D Y M D Y M D Y M D Y

TIV___ LAIV___ TIV___ LAIV___ TIV___ LAIV___ TIV___ LAIV___ TIV___ LAIV___

G. HEPATITIS A IF VACCINATED, LIST BELOW. NOT AN ABSOLUTE REQUIREMENT

1. Immunization (hepatitis A)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___
M D Y M D Y

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
M D Y M D Y M D Y

H. HEPATITIS B

(Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

• Physician Assistant Student requirement: hepatitis vaccines and hepatitis B surface antibody test 4-6 weeks after series is completed.

1. Immunization (hepatitis B)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
M D Y M D Y M D Y

Adult formulation ___ Child formulation ___ Adult formulation ___ Child formulation ___ Adult formulation ___ Child formulation ___

2. Immunization (Combined hepatitis A and B Vaccine)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
M D Y M D Y M D Y

3. Hepatitis B surface antibody Date ___/___/___ Result Reactive_____ Non-reactive_____
M D Y

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risks groups.)

Date ___/___/___
M D Y

J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135) First year college students up to the age of 21 years who are living in residence halls should be vaccinated if they have not received a dose on or after their 16th birthday.

Tetavalent conjugate (preferred; administer simultaneously with Tdap if possible): Date ___/___/___
M D Y

Tetavalent polysaccharide (acceptable alternative if conjugate not available: Date ___/___/___ ___/___/___
M D Y M D Y

(continued)

