### Required Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Required Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (tetanus, diphtheria, pertussis)</td>
<td>One adult Tdap (after the age of 10). If last Tdap is more than 10 years old, provide last date of Td and Tdap (required)</td>
</tr>
<tr>
<td>Td boosters are required every 10 years</td>
<td>Tdap Dose date: <em><strong><strong>/</strong></strong></em>/____   Td Dose date: <em><strong><strong>/</strong></strong></em>/____</td>
</tr>
</tbody>
</table>

### Required Data

- PLEASE UPLOAD ALL LABORATORY REPORTS

- **MMR Immunizations**
  - Dose 1 date: _____/_____/____  Dose #1 must be on or after first birthday
  - Dose 2 date: _____/_____/____
  - Dose 3 date: _____/_____/____  (if titer negative)
  - Dose 4 date: _____/_____/____  (if titer negative)

- **Measles**
  - 2 doses of vaccine OR positive serology
  - Positive Measles IgG Antibody titer
    - Titer date: _____/_____/____  (a positive titer meets requirement)
  - Measles Vaccine Doses x 2
    - Dose 1 date: _____/_____/____
    - Dose 2 date: _____/_____/____

- **Mumps**
  - 2 doses of vaccine
  - Positive Mumps IgG Antibody titer
    - Titer date: _____/_____/____  (a positive titer meets requirement)
  - Mumps Vaccine Doses x 2
    - Dose 1 date: _____/_____/____
    - Dose 2 date: _____/_____/____

- **Rubella**
  - 2 doses of vaccine
  - Positive Rubella IgG Antibody titer
    - Titer date: _____/_____/____  (a positive titer meets requirement)
  - Rubella Vaccine Doses x 2
    - Dose 1 date: _____/_____/____
    - Dose 2 date: _____/_____/____

If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer 4-6 weeks post vaccination. If titer is still negative, receive a second dose of vaccine and repeat titer 4-6 weeks later. Vaccine doses must be at least 28 days apart.
### Varicella (Chicken Pox)

- **2 doses of vaccine**
- **OR**
  - Positive serology
  
  If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer 4-6 weeks post vaccination. If titer is still negative, receive second dose of vaccine and repeat titer 4-6 weeks later. Vaccine doses must be at least 28 days apart.

### Hepatitis B

- **Two (2) or three (3) doses of vaccine followed by a Quantitative Hep B Surface Antibody (titer) preferably drawn 4-8 weeks after 3rd dose.**
- If negative, complete a second Hep B series followed by a repeat titer.
- If Hep B Surface Antibody is negative after secondary series, additional testing including Hep B Surface Antigen should be performed.

[https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf](https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf)

### Meningococcal Conjugate (MCV4)

- **1 dose on or after age 16 for all students up to the age of 22 years or younger**

### COVID-19 Vaccine

- **FDA or WHO-Approved vaccines**
- **OR**
  - □ I affirmatively decline the COVID vaccine at this time

<table>
<thead>
<tr>
<th>Providers Signature:</th>
<th>Practice Stamp:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Name:</td>
<td>Date:</td>
</tr>
<tr>
<td>(Physician/PA/NP/RN)</td>
<td></td>
</tr>
</tbody>
</table>

Please circle:

- Pfizer, Moderna, Janssen,
- Covisheild, Sinopharm,
- Sinovac-CoronaVac,
- Covaxin, AsraZeneca,
- Novavax, CanSino

Please go to Menu > COVID-19 to self-enter dates and upload proof of Covid vaccines only