

### Immunizations and Tests Required by State Law/Clinical Facilities

Name: \_\_\_\_\_ ACC ID#: \_\_\_\_\_

Program: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*Measles, Mumps, Rubella (MMR)/Varicella vaccines if not given on same day MUST be 28 days apart.  
ALL DATES MUST INCLUDE MONTH, DAY AND YEAR.**

<b>Measles (Rubeola), Mumps &amp; Rubella (MMR)</b>	<b>A.</b> Two doses of Measles, Mumps, Rubella (MMR) vaccine on or after their first birthday and at least 28 days apart  <b>OR</b>	Date #1:
		Date #2:
	<b>B.</b> Serologic test <u>positive</u> for Measles antibody	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>B.</b> Serologic test <u>positive</u> for Mumps antibody	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>B.</b> Serologic test <u>positive</u> for Rubella antibody	Date of Collection: ____ Positive Result      ____ Negative Result
<b>Varicella</b>	<b>A.</b> Two doses of Varicella vaccine on or after their first birthday and at least 28 days apart ( <b>Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13).</b> )  <b>OR</b>	Date #1:
		Date #2:
	<b>B.</b> Serologic test <u>positive</u> for Varicella antibody  <b>OR</b>	Date of Collection: ____ Positive Result      ____ Negative Result
	<b>C.</b> Physician documented history of Varicella (Chicken Pox)	Disease Date:

<b>Hepatitis B</b>	<b>A.</b> Dose 1 (initial dose)	Date #1:
	<b>A.</b> Dose 2 (minimum 4 weeks after date #1)	Date #2:
	<b>A.</b> Dose 3 (minimum 8 weeks after date #2 <b>and</b> minimum 16 weeks after date #1)  <b>OR</b>	Date #3:
	<b>B.</b> Serologic test <u>positive</u> for Hepatitis B antibody	Date of Collection: ____ Positive Result      ____ Negative Result

<b>Tdap</b>	<b>A.</b> Must be current within the last 10 years.	Date:
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**Physician or Approved Licensed Health Professional Information:** Date of signature must be after last immunization or additional immunizations must be signed and dated separately. Validates all information above.

Printed Name

Address

Signature

Date