

## IMMUNIZATION RECORD

<p><b>M.M.R.:</b> (Measles, Mumps, Rubella) Two doses required:  Dose #1: Month/Year _____ Dose #2: Month/Year _____</p>
<p><b>Tetanus-Diphtheria:</b> Tetanus-Diphtheria (Td) booster or Tdap within the last ten years meet requirement:  Month/Year _____</p>
<p><b>Polio:</b> Primary series in childhood meets requirement. Indicate which type of vaccine (OPV, IPV)  Dose #1: Month/Year _____ Dose #2: Month/Year _____ Dose #3: Month/Year _____</p>
<p><b>Varicella:</b> Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart meet this requirement.  History of chicken pox: Yes _____ No _____  Varicella antibody: Month/Year: _____ Reactive: _____ Non-reactive: _____  Immunization: Dose #1: Month/Year _____ Dose #2: Month/Year _____**  **Dose #2 given at least 1 month after first dose, if age 13 years or older.</p>
<p><b>Hepatitis B:</b> Three doses of vaccine or a positive Hepatitis B surface antibody meets the requirement.  Dose #1: Month/Year _____ Dose #2: Month/Year _____ Dose #3: Month/Year _____  Hepatitis B surface antibody: Month/Year: _____ Reactive _____ Non-reactive _____</p>
<p><b>Meningococcal Tetravalent:</b> One dose - for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, who wish to reduce their risk of disease, can consider the vaccine. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.</p> <p>Tetravalent conjugate (preferred; data for revaccination pending):                      Month/Year_____</p> <p>Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):                      Month/Year_____</p>
<p><b>Tuberculosis Screening:</b> (PPD regardless of prior BCG inoculation)  PPD (Mantoux) within the past 12 months (Tine or Monovac not acceptable).  Result: Negative _____ Positive _____ mm induration (horizontal diameter) _____ Month/Year _____  If PPD positive, chest x-ray <b>required:</b> X-ray result: Normal _____ Abnormal _____ Mo./Yr. _____  INH Prophylaxis Yes____ No____ Number of months medication taken_____</p>

Upon completion of this health history form, may we suggest you **make a copy** as we have found students need this information during their stay here at Santa Clara University.

**MAIL COMPLETED FORM TO:**  
Santa Clara University  
Cowell Health Center, Building 701  
500 El Camino Real  
Santa Clara, CA 95053