

Mercer University School of Medicine
Visiting Medical Student Record of Immunizations

Name _____ DOB _____ Phone _____
Address _____

TB Testing(required)

A current PPD (Mantoux), done within six months before the first day of class.

PPD Reading _____ mm Date _____,

Negative Positive (per CDC criteria)

If current PPD is positive, or if student has a history of a positive PPD, a copy of a chest X-ray report within the last year must be attached.

REQUIRED IMMUNIZATIONS

Measles/Mumps/Rubella: two immunizations or a positive titer (blood test) required for all students born after 1956.

MMR Dose #1 M/D/Y _____ Dose #2 M/D/Y _____

Or If immunizations were given separately, you must have dates (M/D/Y) for two measles, two mumps, and one rubella vaccination: Measles #1 _____, Measles #2 _____,
Mumps #1 _____, Mumps #2 _____,
Rubella _____.

Or Positive antibody titers (IgG); copy of lab report must be attached.

Measles (Rubeola) titer: Date _____

Mumps titer: Date _____

Rubella titer: Date _____

Chickenpox (Varicella): TITER OR VACCINATION IS REQUIRED, EVEN WITH HISTORY OF DISEASE.

Varicella vaccine: Date of #1 _____ Date of #2 _____

Or Positive Varicella titer(IgG). Copy of lab report must be attached.

Tetanus/Diphtheria: three immunizations and a booster or a positive titer (blood test) required for all students.

Dates of DTP primary series: #1 _____ #2 _____ #3 _____

And Date of last Td or Tdap(preferred) booster (must be within past 5 years) _____

Or Positive Tetanus titer (IgG). Copy of lab must be attached.

Positive Diphtheria titer (IgG). Copy of lab must be attached.

Polio: three immunizations and a booster or a positive titer (blood test) required for all students.

Dates of series #1 _____ #2 _____ #3 _____ Booster Date _____

Or Positive Polio titer (IgG). Copy of lab must be attached.

Hepatitis B: Full series of three is recommended prior to enrollment; the first immunization is required, and the series must be completed at the recommended intervals.

Dates received: #1 _____ #2 _____ #3 _____

A post-vaccine titer (IgG) is required to be done 1-2 months after the third dose to demonstrate immunity. If the titer is negative, a second series is required. If the series was completed more than two months ago, the titer is not required.

Titer: Date _____ Results _____ Copy of lab must be attached.

Information Certified by: _____ **Date** _____

(Signature of Health Care Official)

STAMP