

## IMMUNIZATION RECORD for NAII & PHLEBOTOMY

(Please type or print in black ink)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SECTIONS A & B ARE REQUIRED**

#### **Section A – Required Immunizations**

Hepatitis B Vaccine	Vaccine Dates: <i>Must have 1st Hepatitis B shot before start of class</i> # 1: _____ # 2: _____ # 3: _____
Yearly Flu Vaccine	Date: _____
DPT or TD	Date: _____
Td Booster – within ten years if over 18	Date: _____
2 – MMR Vaccines (Measles, Mumps, Rubella) Or Titer Test/Result	Dates: #1: _____ #2: _____ Or #2 Titer Test/Result _____
Tuberculin Skin Test (PPD)	You must have two (2) within the year or be retested if your test will expire while you are registered and attending the class. Date #1 _____ Result _____ Date #2 _____ Result _____ Or Negative Chest X-Ray _____
Varicella (chicken pox) series of two doses or immunity by positive blood titer (This information is required)	Vaccine Dates: #1 _____ #2 _____ Or _____ Documentation of disease Or _____ Titer Test/Result
COVID-19 Vaccine	Vaccine Dates: # 1: _____ # 2: _____ # 3: _____

Clinician Signature or Clinic Stamp: \_\_\_\_\_

Clinic Telephone #: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date: \_\_\_\_\_