

CSU IMMUNIZATION RECORD

KLOTZ STUDENT HEALTH CENTER

MEASLES, RUBELLA:

NAME _____ ID# _____ PH#() _____ BIRTHDATE _____

DATE(S) OF Measles/Mumps/Rubella (MMR) VACCINATION (1 required)

MMR#1 _____

MMR#2 _____

OR

BLOOD TESTS DONE TO SHOW IMMUNE STATUS: MEASLES/RUBELLA

MEASLES: DATE _____ TEST _____ RESULT _____

RUBELLA: DATE _____ TEST _____ RESULT _____

HEPATITIS B

DATES OF HEPATITIS B VACCINATION (3 required if 18 or younger when first enrolling)

HEP.B#1 _____

HEP.B#2 _____

HEP.B#3 _____

BLOOD TEST DONE FOR IMMUNE STATUS; HEPATITIS B

DATE _____ TEST _____ RESULT _____

(OFFICE USE ONLY) SIGNATURE:

MD, NP, RN, LVN

<p><u>CODES:</u> K = Verification _____ N = Waiver _____ Called to come in: _____</p> <p>Reason for waiver: _____</p> <p>Date: _____</p>
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