

School of Medicine
Office of Medical Education

All vaccination records and lab reports should be attached to this worksheet, and all vaccination dates and results should also be filled out on this form. Form should be returned to Program Coordinator.

Last	First	Middle/Maiden	Birthdate
Program			EMPLID

Mask Fit Test – Please provide date of last mask fit test and attach documentation.

Mask Fit Test
Date: _____

OR

No Previous Mask Fit Test
Check Here:

COVID 19 – COVID 19 vaccination is not required, but we do need to know your vaccination status. If COVID 19 vaccination has been received, please attach documentation.

COVID 19 Vaccination
Manufacturer: _____
#1 Date: _____
#2 Date: _____ (if required)

OR

No COVID Vaccination
Check Here:
I would like to receive a COVID vaccination:

Measles, Mumps & Rubella – Proof of immunization by titers and documentation of 2 MMR vaccinations (after age 1) are required. If titers are low or negative, a booster is also required. If vaccine records are unavailable, the positive titers are sufficient.

MMR Vaccination
#1 Date: _____
#2 Date: _____

AND

Measles, Mumps & Rubella Titers:
Measles Result: _____ Date: _____
Mumps Result: _____ Date: _____
Rubella Result: _____ Date: _____

MMR Booster
Date: _____

Varicella – Proof of immunization by titer or documentation of 2 vaccinations at least 4 weeks apart.

Varicella Vaccination
#1 Date: _____
#2 Date: _____

OR

Varicella Titer:
Result: _____ Date: _____

Tetanus/Diphtheria with Pertussis – Documentation of Tdap vaccination required. If Tdap vaccination was more than 10 years ago, documentation of TD less than 10 years ago is also required.

Tdap Vaccination
Date: _____

AND
If > 10 years ago

Td Vaccination
Date: _____

Hepatitis B – Documentation of 3 Hepatitis B vaccinations and Hepatitis B Surface AB Titer are required.

Hepatitis B Vaccination
#1 Date: _____
#2 Date: _____
#3 Date: _____

AND

Hepatitis B Surface AB Titer:
Result: _____ Date: _____

Tuberculosis – Documentation required using additional attached worksheet.

If unable to receive vaccinations, please explain and attach all relevant supporting documentation.