

**Orthotics and Prosthetics Program
Fall 2019**

Student Name: _____

Student Number: _____

IMMUNIZATION / SCREENING HISTORY

<p>Tuberculin test within last 12 months.</p> <p>Date _____</p> <p>Result: () Positive () Negative</p> <p>If screening test is positive, chest x-ray is required.</p>	<p>Hepatitis B vaccine</p> <p>Date #1: _____ Date #2: _____ Date #3: _____</p> <p>Documentation of all 3 is required.</p> <p>Titer recommended 1-2 months following completion of series.</p> <p>Date: _____ Result: _____</p>	<p>MMR (2 doses at least 4 weeks apart)</p> <p>Date #1: _____ Date #2: _____</p> <p align="center">OR these 3:</p> <p>Measles titer Date: ____ Result: ____</p> <p>Mumps titer Date: ____ Result: ____</p> <p>Rubella titer Date: ____ Result: ____</p>	<p>Varicella titer</p> <p>Date: _____ Result: _____</p> <p>If not immune, 2 doses of varicella vaccine at least 28 days apart.</p> <p>Date #1: _____ Date #2: _____</p>
<p>Tetanus (Td or Tdap)</p> <p>Date _____</p> <p>Must be within the past 10 years</p>			

Health practitioner's signature and license #

Date

Health practitioner's name (printed)

ADDRESS: Street City State Zip code