

**WVU School of Medicine**  
**Clinical Laboratory Science and Histotechnology Programs**  
**Personal Immunization Record**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GENDER: M F (circle one) ALLERGIES: \_\_\_\_\_

We require the following immunizations:

MMR (2 doses); Hepatitis B (3 doses);

Varicella (2 doses if non-immune titer or no history of disease);

Tetanus (1 dose within 10 years);

Polio (initial series and booster at age 4-6);

PPD (The Two-step Mantoux tuberculin skin test (TST) is required for initial skin testing.)

Meningococcus (required by WVU)

**1. M.M.R. (Measles, Mumps, Rubella)**

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Hepatitis B**

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR, VARICELLA, HEPATITIS B TITERS  
ARE REQUIRED**

Titer results are to be read and signed by a physician.

Please attach signed titer results.

**3. Varicella**

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ or Self Reported Illness Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Tetanus-Diphtheria-Pertussis (DTaP, Tdap, DT, Td)**

Vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Td or Tdap?) circle one

**5. Polio**

Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. PPD**

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULTS: \_\_\_\_\_ Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULTS: \_\_\_\_\_ Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_

**7. Meningococcus**

Vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Immunizations (if indicated)**

Pneumovax \_\_\_\_/\_\_\_\_/\_\_\_\_

BCG \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)