

WVU DIVISION OF PHYSICAL THERAPY – IMMUNIZATION FORM

Student: Please fill out **ALL FIELDS** (typed), print a copy, and ask your healthcare provider to sign below.

Form must be scanned and uploaded before May 31, 2018.

Name: _____ DOB: _____ Gender: M F Student ID #: _____

Known Allergies: _____

Required Immunizations	Record Date of Each Vaccination (MM/DD/YYYY)						Titer Result (+) (-)	Titer Value
M.M.R. (2 doses)	1		2					
Measles Titer								
Mumps Titer								
Rubella Titer								
Varicella (2 doses)	1		2					
OR	Date of self-reported illness: _____							
Hepatitis B (3 doses)	1		2		3			
Tdap	Last received: _____							
Polio	1		2		3	Booster		
2-step PPD	Not to be completed until Fall 2016							

Other Immunizations (of obtained):

Meningococcal _____ Pneumovax _____ BCG _____ Hepatitis A _____

CLINICAL REQUIREMENTS

MMR: 2 doses

Hepatitis B: 3 doses

Varicella: 2 doses with non-immune titer or no history of disease

Influenza (Flu): One dose each fall semester

Tetanus-Diphtheria-Pertussis: 1 dose within last 10 years

Polio: Initial series and booster at age 4-6

Tuberculosis Screening: 2-step PPD, 1 step annually each fall semester

Required Titers: Measles, Mumps, Rubella, Varicella, and Hepatitis B

STUDENT: UPLOAD COPY OF ALL ORIGINAL LAB TITER REPORTS WITH THIS FORM

Health Care Provider Name (Printed): _____ Signature: _____ Date: _____

Revised December 2015