

Immunization Requirements Status Report

Name: _____

Date of Submission:

Date of Birth:

Measles:	2 doses after first birthday	or	Titer report, only if proof of vaccination not available
<input type="checkbox"/> Proof	• Dose #1 & 2 must be 30 days apart		• Above 800 mIU/ml or 16.0 EIA
	Dose #1 Date: Dose #2 Date:		Date: Result: <input type="checkbox"/> = mIU/ml
			<input type="checkbox"/> = EIA
	Day Month Year	Day Month Year	Day Month Year
Mumps:	2 doses after first birthday	or	Titer report, only if proof of vaccination not available
<input type="checkbox"/> Proof	• Dose #1 & 2 must be 30 days apart		• Above 200 mIU/ml or 4.0 EIA
	Dose #1 Date: Dose #2 Date:		Date: Result: <input type="checkbox"/> = mIU/ml
			<input type="checkbox"/> = EIA
	Day Month Year	Day Month Year	Day Month Year
Rubella:	2 doses after first birthday	or	Titer report, only if proof of vaccination not available
<input type="checkbox"/> Proof	• Dose #1 & 2 must be 30 days apart		• Above 400 mIU/ml or 8.0 EIA
	Dose #1 Date: Dose #2 Date:		Date: Result: <input type="checkbox"/> = mIU/ml
			<input type="checkbox"/> = EIA
	Day Month Year	Day Month Year	Day Month Year
Varicella:	2 doses after first birthday	or	Titer report, only if proof of vaccination not available
<input type="checkbox"/> Proof	• Dose #1 & 2 must be 30 days apart		• Above 200 mIU/ml or 4.0 EIA
	Dose #1 Date: Dose #2 Date:		Date: Result: <input type="checkbox"/> = mIU/ml
			<input type="checkbox"/> = EIA
	Day Month Year	Day Month Year	Day Month Year
Hepatitis B:	3 doses	&	HBsAb Titer Report
<input type="checkbox"/> Proof	• Dose #1		• Above 10 mIU/ml or 0.2 EIA
	• Dose #2: 1 month after Dose #1		
	• Dose #3: 5 months after Dose #2		
	Dose #1 Date: Dose #2 Date: Dose #3 Date:		Date: Result: <input type="checkbox"/> = mIU/ml
			<input type="checkbox"/> = EIA
	Day Month Year	Day Month Year	Day Month Year
Hepatitis C:			HCV Antibody Titer Report
<input type="checkbox"/> Proof			• Below 1.00 (LPIA)
• Participation is allowed regardless of test results, but results must be submitted.	Result:		<input type="checkbox"/> = Positive
			<input type="checkbox"/> = Negative
Tuberculosis:	IGRA Blood Test	or	X-Ray Report
<input type="checkbox"/> Proof	• Within 1 year of the program.		• Within 1 year of the program.
	• A positive result requires a x-ray report		
	Date: Result:		Result:
			<input type="checkbox"/> = No Signs of Tuberculosis
	<input type="checkbox"/> = Positive		
	Day Month Year	<input type="checkbox"/> = Negative	<input type="checkbox"/> = Other comments attached
	Day Month Year		Day Month Year
Tetanus:	Vaccine Date		
<input type="checkbox"/> Proof	• Not mandatory • Booster dose should have been received within the last 10 years.		
	Day Month Year		
Influenza:	Vaccine Date	• This vaccine is required for any program from October to May, including those lasting two weeks or more. It might be administered at DMU for trainees staying over one month.	
<input type="checkbox"/> Proof	Day Month Year		