

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	<ul style="list-style-type: none"> • Dose #1 & 2 must be 30 days apart 			<ul style="list-style-type: none"> • Above 800 mIU/ml or 16.0 EIA 	
	Dose #1 Date:	Dose #2 Date:		Date:	Result:
	<input type="checkbox"/> = mIU/ml
	<u> </u>	<u> </u>		<u> </u>	<u> </u>
	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	<ul style="list-style-type: none"> • Dose #1 & 2 must be 30 days apart 			<ul style="list-style-type: none"> • Above 200 mIU/ml or 4.0 EIA 	
	Dose #1 Date:	Dose #2 Date:		Date:	Result:
	<input type="checkbox"/> = mIU/ml
	<u> </u>	<u> </u>		<u> </u>	<u> </u>
	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	<ul style="list-style-type: none"> • Dose #1 & 2 must be 30 days apart 			<ul style="list-style-type: none"> • Above 400 mIU/ml or 8.0 EIA 	
	Dose #1 Date:	Dose #2 Date:		Date:	Result:
	<input type="checkbox"/> = mIU/ml
	<u> </u>	<u> </u>		<u> </u>	<u> </u>
	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	<ul style="list-style-type: none"> • Dose #1 & 2 must be 30 days apart 			<ul style="list-style-type: none"> • Above 200 mIU/ml or 4.0 EIA 	
	Dose #1 Date:	Dose #2 Date:		Date:	Result:
	<input type="checkbox"/> = mIU/ml
	<u> </u>	<u> </u>		<u> </u>	<u> </u>
	Day Month Year	Day Month Year		Day Month Year	
Hepatitis B:	3 doses		&	HBsAb Titer Report	
<input type="checkbox"/> Proof	<ul style="list-style-type: none"> • Dose #1 • Dose #2: 1 month after Dose #1 • Dose #3: 5 months after Dose #2 			<ul style="list-style-type: none"> • Above 10 mIU/ml or 0.2 EIA 	
	Dose #1 Date:	Dose #2 Date:	Dose #3 Date:	Date:	Result:
	<input type="checkbox"/> = mIU/ml
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Day Month Year	Day Month Year	Day Month Year	Day Month Year	
Hepatitis C:				HCV Antibody Titer Report	
<input type="checkbox"/> Proof				<ul style="list-style-type: none"> • Below 1.00 (LPIA) 	
				Result:	<input type="checkbox"/> = Positive
					<input type="checkbox"/> = Negative
				<u> </u>	
Tuberculosis:	IGRA Blood Test		or	X-Ray Report	
<input type="checkbox"/> Proof	<ul style="list-style-type: none"> • Within 1 year of the program. • A positive result requires a x-ray report 			<ul style="list-style-type: none"> • Within 1 year of the program. 	
	Date:	Result:		Date:	Result:
	. .	<input type="checkbox"/> = Positive		. .	<input type="checkbox"/> = No Signs of Tuberculosis
	<u> </u>			<u> </u>	<input type="checkbox"/> = Other comments attached
	Day Month Year	<input type="checkbox"/> = Negative		Day Month Year	
Tetanus:	Vaccine Date				
<input type="checkbox"/> Proof	<ul style="list-style-type: none"> • Not mandatory • Booster dose should have been received within the last 10 years. 				
	. .				
	<u> </u>				
	Day Month Year				
Influenza:	Vaccine Date				
<input type="checkbox"/> Proof	<ul style="list-style-type: none"> • 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. 				
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	<u> </u>				
	Day Month Year				