

# VACCINATION REQUIREMENTS

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Bring your Shot Record in to the school prior to class commencement.**

**Attach a copy of all Lab and Radiology reports to this form**

**T.B. Skin Test** (Must be within six (6) months of Class convening date)

Date Administered: \_\_\_\_\_

Date Read: \_\_\_\_\_

Results: \_\_\_\_\_

**Mumps Titer/IGG** \_\_\_\_\_ (Attach Lab report)

**Tetanus:** (A booster shot is required if your vaccination is more than 10 years old)

Original date: \_\_\_\_\_

Booster date: \_\_\_\_\_

**Hepatitis B:**

Series completed: \_\_\_\_\_

Titer: \_\_\_\_\_ (Attach Lab report)