

Las Positas College Student Immunization Record

Name: _____ Student ID #: _____ Date of Birth _____

Immunization	Immunization or Lab Test Date	Please Attach Documentation
<u>MMR</u> (measles, mumps, rubella) <p style="text-align: center;">OR</p> Measles (rubeola) Mumps Rubella	1. _____ 2. _____ 1. _____ 2. _____ 1. _____ 1. _____	A. ____ Record of immunization <p style="text-align: center;">OR</p> A. ____ Record of immunization B. ____ Positive antibody titer A. ____ Record of immunization B. ____ Positive antibody titer A. ____ Record of immunization B. ____ Positive antibody titer
<u>Varicella</u> (chicken pox)	1. _____	A. ____ Record of immunization B. ____ Positive antibody titer
<u>Hepatitis B</u>	1. _____ 2. _____ 3. _____	A. ____ Completed series B. ____ In progress series C. ____ Positive antibody titer
<u>Tetanus-Diphtheria-Pertussis</u> (Tdap)	1. _____	A. ____ Record of immunization
<u>Influenza</u> (if possible)	1. _____	A. ____ Record of immunization
<u>Tuberculin Skin Tests</u> 2-Step	1. _____ 2. _____	A. ____ Record of negative ppd ____ Record of negative ppd B. ____ Negative Chest X-ray

Healthcare Provider Signature: _____

Office Stamp:

Date: ____/____/____

