

**Incoming MPH Student Immunization Documentation Form**Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(print) Last First

**ALL incoming MPH students are REQUIRED to provide documentation of 2 MMR vaccinations and 2 varicella vaccinations OR provide documentation of positive antibody titers for measles, mumps, rubella and varicella. Please bring this completed form signed by your health care provider to your appointment with Employee Health. Please bring copies of any lab results.**

MMR #1 Date \_\_\_\_\_ MMR #2 Date \_\_\_\_\_

Varicella #1 Date \_\_\_\_\_ Varicella # 2 Date \_\_\_\_\_

**OR**Measles Antibody Titer Date \_\_\_\_\_ ☐ Immune ☐ Not Immune  
If not immune, date of booster \_\_\_\_\_Mumps Antibody Titer Date \_\_\_\_\_ ☐ Immune ☐ Not Immune  
If not immune, date of booster \_\_\_\_\_Rubella Antibody Titer Date \_\_\_\_\_ ☐ Immune ☐ Not Immune  
If not immune, date of booster \_\_\_\_\_Varicella Antibody Titer Date \_\_\_\_\_ ☐ Immune ☐ Not Immune  
If not immune, date of booster \_\_\_\_\_**TUBERCULOSIS SCREENING**

**ALL incoming MPH students are REQUIRED to have 2 Negative Tuberculin Skin tests (PPD) OR a negative Quantiferon TB Gold test within the past 12 months. These TB skin tests can be done by your health care provider OR they can be done by Employee Health.**

TB Skin test (Mantoux) Date Planted \_\_\_\_\_ Result \_\_\_\_\_  
Date Planted \_\_\_\_\_ Result \_\_\_\_\_Quantiferon TB Gold Date \_\_\_\_\_ ☐ Positive ☐ Negative  
Please provide copy of lab report.

**NOTE: If there is a history of a positive PPD, please provide a copy of the most recent chest x-ray.** Chest x-ray date \_\_\_\_\_ Result ☐ Positive ☐ Negative

The documentation above was completed by:

\_\_\_\_\_  
Name of Health Care Provider (print)\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Health Care Provider Signature\_\_\_\_\_  
Date Time