

**KUMC STUDENT HEALTH SERVICES
IMMUNIZATION RECORD**

Office: 913-588-1941 Fax: 913-588-1943

Student Name: (Please Print) _____ Date of Birth: _____

School / Program: SoM SoN Allied Health Graduate Studies

If Allied Health or Graduate Studies, which program are you enrolled in? _____

To the best of my knowledge, I have completed the entire set of childhood immunizations per CDC guidelines. (Please circle) **YES NO**

If no, please provide which immunizations were not completed and why: _____

<p><u>Tetanus/Diphtheria Booster:</u> (within 10 years)</p>	<p>_____ Month / day / year</p>
<p><u>MMR Immunization:</u> (Documented proof of 2 MMR vaccinations or Positive IgG titer for measles, mumps, and rubella must be attached.)</p> <p>**If you cannot provide documentation – titers can be drawn at Student Health by appointment. All School of Medicine Students must be titered for Mumps, Measles and German Measles.</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Date of titer: _____ Month / day / year</p>
<p><u>Varicella Immunization:</u> (Document month and year of disease, or attach chicken-pox vaccination dates or a positive Varicella IgG titer.)</p> <p>**Titers can be drawn at Student Health by appointment. All School of Medicine Students must be titered.</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Date of Disease: _____ Month / year Date of Titer: _____ Month / day / year</p>
<p><u>Hepatitis B Series:</u> (Documented proof of 3 doses of Hepatitis B vaccine or a positive Hepatitis B Surface Antibody must be attached.)</p> <p>**If you cannot provide documentation – titers can be drawn at Student Health by appointment. All School of Medicine Students must be titered. Hepatitis B series can be administered at Student Health upon enrollment.</p>	<p>First: _____ Month / day / year Second: _____ Month / day / year Third: _____ Month / day / year Date of Titer: _____ Month / day / year</p>
<p><u>Tuberculin Skin Test (PPD):</u> (Documented proof must be attached.) Two Step testing is required for all new students. This involves two separate PPD tests administered and interpreted within the past 12 months. The most recent PPD should be within the last 3 months. PPD tests are required annually thereafter.</p> <p>(PPDs are available at Student Health annually FREE of charge.)</p>	<p>FIRST STEP: Date Placed: _____ Month / day / year Date Read: _____ Month / day / year Result: (Please circle) Negative Positive (____x ____mm)</p> <p>SECOND STEP: Date Placed: _____ Month / day / year Date Read: _____ Month / day / year Result: (Please circle) Negative Positive (____x ____mm)</p>
<p><u>If you have had a Positive PPD:</u> Please attach a copy of the result from the most recent x-ray and documentation of INH treatment if applicable.</p>	

To the best of my knowledge, the above information is **TRUE** and **ACCURATE**.

Student Signature: _____ Date: _____

****Refusal to comply with the immunization policy at KUMC may result in the inability to provide patient care or participate in scholastic or clinical experiences.**