



Santa Clara University

IMMUNIZATION RECORD

Name: _____ Date of Birth: _____ ID: _____

M.M.R.: (Measles, Mumps, Rubella) Two doses required:

Dose #1: Month/Year _____ Dose #2: Month/Year _____

Tetanus-Diphtheria-Pertussis: Date of most recent booster dose: Month/Year _____

Type of booster: Td _____ Tdap _____

Polio: Primary series in childhood meets requirement. Indicate which type of vaccine (OPV, IPV)

Dose #1: Month/Year _____ Dose #2: Month/Year _____ Dose #3: Month/Year _____

Varicella: Either a history of chickenpox, a positive Varicella antibody, or two doses of vaccine given at least one month apart meet this requirement.

History of chickenpox: Yes _____ No _____ If yes, when: Month/Year _____

Varicella antibody: Month/Year: _____ Reactive: _____ Non-reactive: _____

Immunization: Dose #1: Month/Year _____ Dose #2: Month/Year _____ **

**Dose #2 given at least one month after first dose, if age 13 years or older.

Hepatitis A: Two doses of vaccine meets the requirement.

Dose #1: Month/Year _____ Dose #2: Month/Year _____

Hepatitis B: Three doses of vaccine or a positive Hepatitis B surface antibody meets the requirement.

Dose #1: Month/Year _____ Dose #2: Month/Year _____ Dose #3: Month/Year _____

Hepatitis B surface antibody: Month/Year: _____ Reactive _____ Non-reactive _____

Meningococcal Quadrivalent (A, C, Y, W-135): Recommendation is one or two doses for all college students—revaccinate every five years if increased risk continues.

Quadrivalent conjugate (Menactra): Dose 1: Month/Year _____ Dose 2: Month/Year _____

Meningococcal Serogroup B: Two or three dose series; may be given to any college student or for outbreak control. Must complete series with the same vaccine.

MenB-RC (Bexsero): _____ Routine Administration _____ Outbreak-related Administration

Dose #1: MM/DD/YY _____ Dose #2: MM/DD/YY _____

MenB-FHbp (Trumenba): _____ Routine Administration _____ Outbreak-related Administration

Dose #1: MM/DD/YY _____ Dose #2: MM/DD/YY _____ Dose #3: MM/DD/YY _____

Tuberculosis Screening: (PPD regardless of prior BCG inoculation)

PPD (Mantoux) within the past 12 months (Tine or Monovac not acceptable).

Result: Negative _____ Positive _____ Induration (Horizontal Diameter mm) _____ Month/Year _____

If PPD positive, chest x-ray required: X-ray result: Normal _____ Abnormal _____ Month/Year _____

INH Prophylaxis Yes _____ No _____ Number of months medication taken _____

Upon completion of this Immunization Record, may we suggest you make a copy as we have found students need this information during their stay here at Santa Clara University.

MAIL COMPLETED FORM TO:

Santa Clara University - The Cowell Center Building 701, 500 El Camino Real, Santa Clara, CA 95053

If you have any questions, please call Student Health Services at 408-554-4501.

2016/2017