

Name: _____

Student ID: M _____ Birthdate: _____ / _____ / _____

To be completed by personal health care provider and then uploaded in full to secure.medproctor.com

check one

	Required Vaccines for classes (MMDDYY)		If no vaccine documentation available then must provide documentation of blood test showing immunity.
<input type="checkbox"/>	Hepatitis B (3 required)	OR	HBSAB titer date and result
<input type="checkbox"/>	OR		
<input type="checkbox"/>	HEPLISAV-B (2 required)		
1st	_____ / _____ / _____		Date of titer _____ / _____ / _____
2nd	_____ / _____ / _____		result: <input type="radio"/> negative <input type="radio"/> positive
3rd	_____ / _____ / _____		
	MMR¹ (2 required)	OR	MMR titer dates and result
1st	_____ / _____ / _____		Measles titer:
2nd	_____ / _____ / _____		Date _____ / _____ / _____
	Meningococcal (A) Quadrivalent required for students who are 16-21 years of age. (one required on/after 16th birthday)		result: <input type="radio"/> negative <input type="radio"/> positive
1st	_____ / _____ / _____		Mumps titer:
	Tdap (Adult dose, Tetanus, Diptheria, Accellular Pertussis) One adult Tdap booster given after 2006. If Tdap adult booster was given > than 10 years ago then a current Td adult booster is also required.		Date _____ / _____ / _____
1st	_____ / _____ / _____ (²Tdap)		result: <input type="radio"/> negative <input type="radio"/> positive
2nd	_____ / _____ / _____ (³Td) (if Tdap > than 10 years ago)		Rubella titer:
			Date _____ / _____ / _____
			result: <input type="radio"/> negative <input type="radio"/> positive
	Varicella (2 required)	OR	History of disease date _____ / _____ / _____
1st	_____ / _____ / _____	OR	Titer date _____ / _____ / _____
2nd	_____ / _____ / _____		titer result: <input type="radio"/> negative <input type="radio"/> positive
	Influenza (flu) (*strongly recommended each fall)		Date: _____ / _____ / _____

Licensed Professional's Name	Licensed Professional's Signature	Signature Date _____ / _____ / _____
Office Stamp Preferred/Address And Provider NPI (Required If No Office Stamp)	Office email	Office Phone Number

1 MMR = Measles, Mumps, Rubella
 2 Tdap = Adult dose, Tetanus, Diptheria, Accellular Pertussis
 3 Td = Adult dose. Tetanus Diptheria (given if it has been longer than 10 years since Adult dose of Tdap)