

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 HEPLISAV-B (2 required)		
1st	_____ / _____ / _____		Date of titer _____ / _____ / _____ result: <input type="radio"/> negative <input type="radio"/> positive
2nd	_____ / _____ / _____		
3rd	_____ / _____ / _____		
	MMR¹ (2 required)	OR	MMR titer dates and result
1st	_____ / _____ / _____		Measles titer: Date _____ / _____ / _____ result: <input type="radio"/> negative <input type="radio"/> positive Mumps titer: Date _____ / _____ / _____ result: <input type="radio"/> negative <input type="radio"/> positive Rubella titer: Date _____ / _____ / _____ result: <input type="radio"/> negative <input type="radio"/> positive
2nd	_____ / _____ / _____		
	Meningococcal (A) Quadrivalent required for students who are 16-21 years of age. (one required on/after 16th birthday)		
1st	_____ / _____ / _____		
	Tdap (Adult dose, Tetanus, Diptheria, Accellular Pertussis) One adult Tdap booster given after within the past 10 years.		
	_____ / _____ / _____ _____ / _____ / _____		
	Varicella (2 required)	OR	History of disease date _____ / _____ / _____ Titer date _____ / _____ / _____ titer result: <input type="radio"/> negative <input type="radio"/> positive
1st	_____ / _____ / _____	OR	
2nd	_____ / _____ / _____		
	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)