



Immunization Record - Lancaster

Please upload an image of the immunization record, **completed by your Healthcare Provider**, into the Document Upload section of the Health Portal.

REQUIRED VACCINES

Hepatitis B

Three doses, given at 0, 1, and 6 months. There must be at least four weeks between doses #1 and #2, at least eight weeks between doses #2 and #3, and at least 16 weeks between doses #1 and #3.

Hepatitis B Vaccine #1 Date: ___/___/___

Hepatitis B Vaccine #2 Date: ___/___/___

Hepatitis B Vaccine #3 Date: ___/___/___

Diphtheria-Tetanus-Pertussis (DTP)

Booster given within the past ten years is required.

Tdap Booster Date: ___/___/___

Varicella (Chicken Pox)

Two properly spaced doses of varicella vaccine or laboratory evidence of immunity.
History of Varicella disease (Chickenpox) alone is not acceptable.

Varicella Vaccine #1 Date: ___/___/___

Varicella Vaccine #2 Date: ___/___/___

Varicella Titer (if missing the dates of the two vaccines)

Varicella Titer Date: ___/___/___

Varicella Titer Result: Positive (Reactive) Negative (Non Reactive)

Measles, Mumps, Rubella (MMR)

Two properly spaced doses of MMR vaccine OR laboratory evidence of immunity.

MMR Vaccine #1 Date: ___/___/___

MMR Vaccine #2 Date: ___/___/___

Measles (Rubeola) Titer

Measles Titer Date: ___/___/___

Measles Titer Results: Positive (Reactive) Negative (Non Reactive)

Mumps Titer

Mumps Titer Date: ___/___/___

Mumps Titer Results: Positive (Reactive) Negative (Non Reactive)

Rubella Titer

Rubella Titer Date: ___/___/___

Rubella Titer Results: Positive (Reactive) Negative (Non Reactive)

Tuberculosis Testing (within the past year) Recommended for all students; REQUIRED for:

- Students who have lived in or visited South America, Central America, Eastern Europe, Asia or Africa in the last 5 years
- Students in contact with a known case

A QuantiFERON-TB Gold (QTF) or T-Spot test is the recommended method for TB infection screening.

Tuberculosis Testing (PPD)

Date: ___/___/___ Result: Neg Pos Induration _____ mm

If required, chest x-ray results: Normal Abnormal (M/D/Y) ___/___/___

Official copy of the X-ray report is required.

QuantiFERON-TB Gold Plus/T-SPOT.TB Test Result Date: ___/___/___ Result: Negative

Positive/Abnormal

(Attach lab result)

If required, chest x-ray results: Normal Abnormal (M/D/Y) ___/___/___

A chest x-ray is required if the student has a positive PPD or QuantiFERON-TB Gold Plus result. An official copy of the chest x-ray report is required.

If the student has had a positive tuberculin skin test or QuantiFERON-TB Gold Plus result, did he/she receive prophylactic medication treatment for Latent TB Exposure? Yes No

If Yes, please indicate medication(s) prescribed _____;

dosage _____; Treatment start/end dates: _____

Provide medical documentation of this course of treatment from your medical provider.

Meningococcal Quadrivalent

Recommended for all students; REQUIRED for students residing in University housing; obtain the Meningococcal Conjugate Vaccine (MCV) or Meningococcal Polysaccharide Vaccine (MPSV) on/after their 16th birthday, regardless of prior vaccination history.

Date 1: ___/___/___ Meningococcal Vaccine Type:

Date 2: ___/___/___ Meningococcal Vaccine Type:

Other University Requirements

Students in clinical and/or experiential learning programs should refer to their programs and clinical site coordinators to ensure they have met any additional requirements and have submitted those requirements to the appropriate office/portal. Failure to meet specific vaccination requirements of a clinical site for a given rotation may delay program completion.

RECOMMENDED VACCINES

Influenza

Annual vaccine.

Date: ___/___/___

COVID-19:

Per CDC's recommendations.

Date 1: ___/___/___

Date 2: ___/___/___

Most Recent Booster: ___/___/___

BRAND:

Moderna Pfizer AstraZeneca Johnson & Johnson Novavax Other _____
 Moderna Pfizer AstraZeneca Johnson & Johnson Novavax Other _____
 Moderna Pfizer AstraZeneca Johnson & Johnson Novavax Other _____

Hepatitis A:

Series of 2 doses; 0, 6 months.

Date 1: ___/___/___

Date 2: ___/___/___

Meningococcal B

Date 1: ___/___/___

Date 2: ___/___/___

Date 3: ___/___/___

Bexsero Trumenba

Human Papillomavirus Virus (HPV)

The number of shots depends on the age at the first dose. From age 9 to 15: Two vaccines, six to 12 months apart. Ages 15 and older: Three vaccines, one to two months between dose #1 and dose #2, and dose #3 six months after dose #2.

Date 1: ___/___/___

Date 2: ___/___/___

Date 3: ___/___/___

Polio

Primary series required, doses at least 28 days apart..Booster is required only if needed for travel.

Polio Vaccine #1 Date: ___/___/___

Polio Vaccine #2 Date: ___/___/___

Polio Vaccine #3 Date: ___/___/___

Polio Booster Date: ___/___/___

