

VACCINE	RECORD THE DATE EACH DOSE OF VACCINE WAS RECEIVED (to be completed by the Health Department or Physician, not the student)						
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
DTP, DTaP and dT/Td <b>Must show booster within last ten (10) years.</b>	Mo. Day Yr. - -	- -	- -	- -	- -	- -	- -
MMR (Measles, Mumps and Rubella combined) <b>Proof of two (2) required.</b> (If born before 1957 only 1 required)	- -	- -					
MEASLES Single (Rubeola/red measles/10-day measles) Antigen RUBELLA Dose (German Measles/3-day measles) Only MUMPS	- -	- -					
HBV (Hepatitis B Vaccine) Recommended for <b>health care workers.</b>							
Varicella ( <i>Chickenpox</i> ) (If no vaccination, give date of disease _____ or submit titer).	- -	- -					
Pneumonia Immunization (Encouraged if history of pneumonia)	- -						
Flu Vaccine (Consider during flu season).	- -						

MMR must be given after the 2 - step skin test. Otherwise the skin test results may be invalid.

DOCUMENTATION I certify I reviewed this student's vaccination record and transcribed it accurately. Signature _____ Date ____ - ____ - ____ Name of Agency _____  The record presented was: <input type="checkbox"/> Kansas Immunization Record (pink card) <input type="checkbox"/> Other Immunization record (Specify _____) <input type="checkbox"/> School record	A two-step(1-3 weeks apart) PPD Tuberculin Test must be completed within the last three months. (One-step is accepted only if initial two-step and annual one-step can be evidenced) Only intradermal skin tests are accepted. A chest x-ray(14"x17" is required for positive reactors to the tuberculin test Report _____ Date _____. If positive reactor with chest x-ray on file, student must document absence of symptoms and awareness of need to report occurrence of TB symptoms.	<b>Two Step Tuberculin Skin Test</b>	Date Given	Given By	Date Read	Read By	mm indur Required			
		<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant	<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant						mm	
		<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant	<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant						mm	