Vaccination Record Worksheet

This worksheet will help you gather information to enter your immunization history online.

	DIVISION OF STUDENT AFFAIRS
	Case Western Reserve

University Health and Counseling Services

Student Name:	Birthdate:	
Student Name.	 Dif tiluate.	

Vaccine	Vaccine Name	Date (mm/dd/yyyy)	Detail/Results
COVID-19	1		
	2		
Hepatitis B	1		
	2		
	3		
	hep B surf Ab titer		□ positive □ negative
	hep B surf Ag titer		□ positive □ negative
Measles, Mumps, Rubella	1		
	2		
	Measles titer		□ positive □ negative
	Mumps titer		□ positive □ negative
	Rubella titer		□ positive □ negative
Tetanus, Diphtheria, Pertussis	latest Tdap		
	latest Td		
Varicella	1		
	2		
	varicella titer		□ positive □ negative
Meningococcal	1		
(MCV4, one dose at 16 or older)	2		
Polio	primary series last dose		
	last booster		
Human Papillomavirus	1		
(HPV2, HPV4)	2		
	3		
Hepatitis A	1		
	2		
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case.edu/studentlife/healthcounseling

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Vaccine	Vaccine Name	Date (mm/dd/yyy)	Detail/Results
Meningitis B	1		
	2		
	3		
Other Vaccinations			

Tuberculosis Screening for Health-Related Students

Tuberculosis screening is required for students enrolled in Anesthesia, School of Dental Medicine, School of Nursing, School of Medicine, Cleveland Clinic Lerner College of Medicine, and the Kent State University School of Podiatry.

This testing can be done in one of three ways:

1. By having two TB skin tests (PPD) performed in the 12 months prior to starting classes, with the second PPD performed less than 3 months prior to start. These must be done in the United States.

-or-

2. By having a blood test, Interferon Gamma Release Assay (Quantiferon-TB Gold In-Tube or T-SPOT), performed less than 3 months before starting classes.

An IGRA is required for those with a past BCG vaccine who have tested positive with a PPD, unless they have had a positive IGRA in the past.

A chest x-ray is required for past positive TB testing (PPD or IGRA).

Provide copies of reports for chest x-rays, blood tests, TB treatment statement, and PPD results.

☐ Tuberculin skin tests (PPD), Mantoux only							
Given:	Read:	Result: mm		Interpretation:			
Given:	Read:	Result:	Result: mm		Interpretation:		
☐ Interferon Gamma Release Assay (TB blood test)							
Date:	Type:	Result:	Positive	Ne	gative	Intermediate	
Date:	Type:	Result:	Positive	Ne	gative	Intermediate	
☐ BCG Vaccination							
Dose 1 Date:		Dose 2 Date:					
☐ Chest X-Ray (required if PPD or IGRA is positive)							
Date:		Result:					
Treatment Medication:		Start Date:			End Date:		

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