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

Student Name: ___________________________ Birthdate: ___________ CWRU Student ID (i.e. abc123): _______

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccine Name</th>
<th>Date (mm/dd/yyyy)</th>
<th>Detail/Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>hep B surf Ab titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hep B surf Ag titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measles titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mumps titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rubella titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>latest Tdap</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>latest Tdap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>varicella titer</td>
<td>□ positive □ negative</td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MCV4, one dose at 16 or older)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>primary series last dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>last booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV2, HPV4)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Vaccinations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>