

Vaccination Record Worksheet

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



UNIVERSITY
DIVISION OF STUDENT AFFAIRS
CASE WESTERN RESERVE UNIVERSITY
University Health and Counseling Services

Student Name: _____ Birthdate: _____ CWRU Student ID (i.e. abc123): _____

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