

# Vaccination Record Worksheet

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

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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UNIVERSITY HEALTH  
AND COUNSELING SERVICES

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<b>Meningitis B</b>	1		
	2		
	3		
<b>Other Vaccinations</b>			

## 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:

- 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-**
- 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.

<input type="checkbox"/> <b>Tuberculin skin tests (PPD), Mantoux only</b>				
Given:	Read:	Result:	mm	Interpretation:
Given:	Read:	Result:	mm	Interpretation:
<input type="checkbox"/> <b>Interferon Gamma Release Assay (TB blood test)</b>				
Date:	Type:	Result:	Positive    Negative    Intermediate	
<input type="checkbox"/> <b>BCG Vaccination</b>				
Dose 1 Date:		Dose 2 Date:		
<input type="checkbox"/> <b>Chest X-Ray (required if PPD or IGRA is positive)</b>				
Date:		Result:		
Treatment Medication:		Start Date:	End Date:	

For questions regarding immunization requirements, log-in to [myhealthconnect.case.edu](http://myhealthconnect.case.edu) and send a secure message to Nurse, Immunization.