

Nova Southeastern University Health Professions Division
Mandatory Immunization Form

A HEALTHCARE PROVIDER'S SIGNATURE IS REQUIRED ON BOTH PAGES ONE AND TWO

Student's Name: Jessica Stone Date of Birth: 03/23/93
College Program: Doctor of Optometry Phone Number: 334-398-2311

THE ANTIBODY TITERS FOR THE VACCINES LISTED IN SECTION A MUST BE ATTACHED

SECTION A

MEASLES, MUMPS, and RUBELLA

Students must have received two doses of MMR vaccine or have serologic immunity to measles, mumps and rubella.

MMR vaccine: dose #1 6/24/1994 dose #2 5/22/1998

or

Date of Measles titer ____/____/____ *lab result must be attached Immune: Yes ____ No ____

Date of Mumps titer ____/____/____ *lab result must be attached Immune: Yes ____ No ____

Date of Rubella titer ____/____/____ *lab result must be attached Immune: Yes ____ No ____

VARICELLA

Varicella vaccine: First dose: 11/13/1996 and Second dose: ____/____/____

or

Varicella IgG Antibody titer: ____/____/____ *lab result must be attached Immune: Yes ____ No ____

HEPATITIS B

Serologic testing is required for hepatitis B surface antibody. Serologic immunity should be tested 1-2 months after completion of the three dose hepatitis B vaccine series.

Hepatitis B Vaccines: dose #1 3/23/1993 dose #2 4/25/1993 dose #3 1/13/1994
and

Date of Hep B Surface Antibody ____/____/____ *lab result must be attached Immune: Yes ____ No ____

SECTION B

TETANUS-DIPHTHERIA

Tetanus /Diphtheria / Pertussis (Tdap)**: ____/____/____ Tetanus / Diphtheria (Td): ____/____/____

**Due to the increased risk of pertussis in healthcare settings the Advisory Committee on Immunization Practices / CDC recommends "Healthcare personnel should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose." After receiving Tdap, routine booster shots against tetanus and diphtheria should follow existing guidelines every 10 years.

pending

I certify that the information above is complete and accurate to the best of my knowledge:

Healthcare Provider Printed Name Amy Morris RN-BC Date 7/7/17

Healthcare Provider Signature Amy Morris RN-BC