

Name: ASHWIN KUNJANAN SATHI
Student ID#: 989969906
Date of Birth: 01/27/1996

Non Health Profession Check List

☒ **MMR: Measles, Mumps, Rubella:** Two doses **QR** titers showing positive immunity

☐ Dose 1 (given 12 months or after)

Date: 04/20/1997 (mm/dd/yy)

☐ Dose 2 (given at least one month after first dose)

Date: 08/19/2023 (mm/dd/yy)

*perform titer if Dose 1 given before 12 months

QR

*Measles Antibody IGG

Date: _____ (mm/dd/yy)

☐ Positive

☐ Negative

*Mumps Antibody IGG

Date: _____ (mm/dd/yy)

☐ Positive

☐ Negative

*Rubella Antibody IGG

Date: _____ (mm/dd/yy)

☐ Positive

☐ Negative

*attach titer results

☐ **Varicella (Chickenpox):** Two doses **QR** titer showing positive immunity (History of disease not acceptable, titer should be performed)

☐ Dose 1 (given 12 months or after)

Date: _____ (mm/dd/yy)

☐ Dose 2 (given at least one month after first dose)

Date: _____ (mm/dd/yy)

*perform titer if Dose #1 given before 12 months

QR

*Varicella Antibody IGG

Date: 01/17/23 (mm/dd/yy)

☒ Positive

☐ Negative

*attach titer results

☒ **Tdap: Tetanus, Diphtheria, Acellular Pertussis:** One dose given after 10 years of age (Note: Td/DTap not acceptable)

☒ Tdap (Date given): 08/14/2023 (mm/dd/yy)

☐ **Meningococcal:** Proof of a conjugate meningococcal vaccine administered after 16 years of age (Not required for students 22 years or older)

☐ Meningococcal (Date given): _____ (mm/dd/yy)

N/A

☐ **HEALTHCARE PROVIDER SIGNATURE OR STAMP REQUIRED:**

Name: Dr. D. SUBBULAKSHMI

Signature: [Signature]

Date: 21/8/23

Address: APOLLO Hospitals, Chennai - 600 006

Reg.No: 40071

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