
This document is for reference only. Submit an electronic copy of the original up-to-date documents through the student portal. PLEASE KEEP YOUR ORIGINALS.

- Date and proof of the appropriate records within the last year.

____ / ____ / ____ Negative PPD Documentation from health care provider
____ / ____ / ____ Negative Chest X-ray
_____ TB blood test denoting negative findings

- Date and proof of the appropriate records
____ / ____ / ____

(Date and proof of the appropriate records in the influenza season. An up-to-date influenza vaccine is required annually.)

- Date and proof of the appropriate records
_____ / _____ / _____ Completion dates of first Hep B vaccine series of 3 doses

____ / ____ / ____ Positive Hep B titer (also needed)

**(Individuals who have a negative Hepatitis B titer after completing the Hep B vaccine series, must have another series of the vaccine (3 shots) and repeat titer - total of 6 shots and 2 titers.)

- Date and proof of the appropriate records (Must have been within last 10 years) ____ / ____ / ____

: **Rubella (German measles) - Date and proof of one of these appropriate records

____ / ____ / ____ Positive rubella titer dates of two doses of MMR

____ / ____ / ____ First Dose Date ____ / ____ / ____ Second Dose Date

: **Rubeola (Hard measles) - Date and proof of one of the appropriate records

____ / ____ / ____ Positive rubeola titer dates of two doses of MMR

____ / ____ / ____ First Dose Date ____ / ____ / ____ Second Dose Date

: **Mumps - Date and proof of one of the appropriate records

____ / ____ / ____ Positive mumps titer