

Las Positas College Student Immunization Record

Name: _____ Student ID #: _____ Date of Birth _____

Immunization	Immunization or Lab Test Date	Please Attach Documentation
<u>MMR</u> (measles, mumps, rubella) OR Measles (rubeola) Mumps Rubella	1. _____ 2. _____ 1. _____ 2. _____ 1. _____ 1. _____	A. ___ Record of immunization OR A. ___ Record of immunization B. ___ Positive antibody titer A. ___ Record of immunization B. ___ Positive antibody titer A. ___ Record of immunization B. ___ Positive antibody titer
<u>Varicella</u> (chicken pox)	1. _____ 2. _____	A. ___ Record of immunization B. ___ Positive antibody titer
Hepatitis B	1. _____ 2. _____ 3. _____	A. ___ Completed series B. ___ In progress series C. ___ Positive antibody titer
Tetanus-Diphtheria-Pertussis (Tdap)	1. _____	A. ___ Record of immunization
Influenza (if possible)	1. _____	A. ___ Record of immunization
Tuberculin Skin Tests 2-Step	1. _____ 2. _____	A. ___ Record of negative ppd ___ Record of negative ppd B. ___ Negative Chest X-Ray C. ___ Negative QFGT