



DOMINICAN UNIVERSITY OF CALIFORNIA
 Student Health Center
 50 Acacia Ave San Rafael, CA 94901
 (415) 485-3208

IMMUNIZATION & TB SCREENING

Patient Name: _____ Birthdate: ____/____/____

Phone Number: (____) _____ - _____ E-Mail Address: _____

Intend to live on campus? YES NO Entering Dominican: Fall Spring / Year: _____

THE FOLLOWING TO BE COMPLETED BY HEALTH CARE PROVIDER
 Immunizations *required* of all students entering Dominican University

- ❖ **MMR – Measles, Mumps, Rubella (two doses if born after 1/1975)**
 - Dates of vaccinations: 1) _____ 2) _____ OR
 - Documentation of Laboratory immunity with dates:
 - Measles IgG antibody date: _____ immune non-immune
 - Mumps IgG antibody date: _____ immune non-immune
 - Rubella IgG antibody date: _____ immune non-immune
- ❖ **Tuberculosis Screening – Must be completed within 3 months prior to entering Dominican**
 - Date PPD given: _____ read: _____
 - Result: _____ mm induration Interpretation: _____
 - If positive, referred for CXR and f/u: yes no
 - Date of last symptom checklist: _____ Result: Normal Abnormal
 - Prophylactic treatment taken: yes no Duration of Tx: _____ months
- ❖ **Tetanus/Diphtheria/Pertussis**
 - Date: _____ (Must contain Pertussis)
- ❖ **Meningococcal Vaccine**
 - Date of vaccination: _____ (Dorm Residents)

Immunizations recommended for students entering Dominican University
 (These may be required for health sciences prior to starting clinical rotations)

- ❖ **Varicella (chicken pox)**
 - Dates of 2 doses: 1) _____ 2) _____ OR
 - Varicella IgG antibody date: _____ immune non-immune
- ❖ **Hepatitis B**
 - Dates given: 1) _____ 2) _____ 3) _____
 - If it has been more than 5 years since the last dose was administered, a Hepatitis B antibody blood test should be done to verify current immunity.
 - Date of Hep B S Ab IgG: _____ Result: immune non-immune
- ❖ **HPV**
 - Dates of 3 doses: 1) _____ 2) _____ 3) _____ (♀ & ♂ < 26)
- ❖ **Hepatitis A**
 - Dates of 2 doses: 1) _____ 2) _____ (travelers, healthcare workers)

Health Care Provider: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____