



Immunisation status of visiting students

Family Name:	First Name(s):	Date (dd/mm/yyyy) of birth: / /
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A POSITIVE SEROLOGICAL TEST FOR IMMUNITY TO MEASLES, RUBELLA AND MUMPS.

1. Sufficient MEASLES immunity: _____ Date: ___/___/___ (day/month/year)
2. Sufficient RUBELLA immunity: _____ Date: ___/___/___ (day/month/year)
3. Sufficient MUMPS immunity: _____ Date: ___/___/___ (day/month/year)

TETANUS-DIPHTHERIA-PERTUSSIS BOOSTER (within the last 10 years).

IF TETANUS, DIPHTHERIA AND PERTUSSIS WERE GIVEN SEPARATELY, EACH MUST BE RECORDED.

TDap Booster: _____ (month/year)

Tetanus: _____ (month/year)

Diphtheria: _____ (month/year)

Pertussis: _____ (month/year)

HEPATITIS B IMMUNIZATION:

Anti HBs-titer: _____ IU/l

Date: ___/___/___ (day/month/year)

Serological antibody testing of hepatitis C-virus (HCV)

Result: _____ Date: ___/___/___ (day/month/year)

TUBERCULIN SKIN TEST SINCE :

No new skin test required if:

(a) History of childhood BCG vaccination or (b) Prior skin test consistent with latent TB

Type and date: _____

PROOF OF CHICKENPOX (VARICELLA) IMMUNITY

A POSITIVE SEROLOGICAL TEST FOR IMMUNITY OR a physician reported medical history data

(PLEASE ATTACH REPORT)

HUMAN IMMUNODEFICIENCY SYNDROME (HIV)

Testing not mandatory but highly recommended.

(Student may send Report separately)

Verification by the
Dean's Office:

Physician's Signature: _____

Date: ___/___/___ (day/month/year)

