TYLER JUNIOR COLLEGE
IMMUNIZATION RECORD
FOR STUDENT ENTERING FROM FOREIGN COUNTRIES

STUDENT NAME: _____

SOCIAL SECURITY/IDENTIFICATION NO: _____-_____-_____

I. Types of Immunization Required — Date Administered (MM/DD/YYYY)

a. Diphtheria (within 10 years) _____

b. Tetanus (within 10 years) _____

c. Poliomyelitis (Types I, II, & III) _____

d. Mumps _____

e. Measles _____

f. Rubella _____

_____
SIGNATURE OF PHYSICIAN

II. Freedom from infectious tuberculosis should be ascertained by:

a. Tuberculin test (5 T.U. PPD, Mantoux Technique) required within six months prior to admission.

_____ _____
DATE REACTION

b. Posterior/anterior chest x-ray is required to admissions if tuberculin test had a positive reaction.

_____ _____
DATE OF X-RAY RESULTS

_____
SIGNATURE OF PHYSICIAN

III. Please **be advised:** All students in need of live virus vaccine mumps and virus should receive all at the same visit or separate them by at least four (4) weeks.

Administration of live virus should be avoided during pregnancy