

VISITING STUDENT IMMUNIZATION RECORD

Office of the Registrar
10900 Euclid Avenue, Room T408
Cleveland, OH 44106-4968

Visiting Student Name (First, Middle, Last):

The following information MUST be completed in its entirety and signed by the applicant's Health Care facility and submitted with the Visiting Student application. Please check the following immunizations that have been completed by the above named student. ALL of these immunizations are required before participating in the Visiting Student Program at Case Western Reserve University and its affiliated hospitals.

HEPATITIS B (series of three doses)		
Date dose #1:	Date dose #2:	Date dose #3:

MMR (Mumps, Rubeola, Rubella)			
	Vaccine	OR	Positive Serology
Mumps	Date:		Date:
Rubeola (Measles)	Date:		Date:
Rubella (German Measles)	Date:		Date:

VARICELLA			
Have you had Chicken Pox? (check one):	Yes	No	Unknown
If No, were you immunized?	Yes (indicate date)		No

DIPHTHERIA / TETANUS (Primary series plus booster within the last 10 years)	
Diphtheria date:	Tetanus date:

POLIO	
Type of vaccine:	Date of last booster:

TUBERCULOSIS SCREEN (PPD) Mantoux method 12 months prior to completion of Case elective.		
PPD Date:	Result (circle one):	Negative Positive*
*Positive PPD requires chest X-ray:	X-ray Date	Result:

FLU VACCINE – For rotations November 1 through April 1, the Seasonal Flu vaccine is MANDATORY.	
Type of vaccine:	Date vaccinated:

Signature (physician, nurse, or school official):		Date:
Printed Name:	Title	
Name of School:		
Address of School:		
Telephone:	Email:	