

Missouri Valley College Athletic Training Program Immunization Records Form

Name _____

Date of Birth _____

Please complete the following information regarding your immunizations with the date you received each vaccination. If you can submit a copy of your childhood immunization records please do so. You must also complete an annual TB test (separate form). If you HAVE NOT completed the Hepatitis B vaccination series refer to #2 on the directions page. Please provide the following required information even if you have given the Missouri Valley College Student Health Center your immunization records.

Immunizations REQUIRED by Missouri Valley College Athletic Training Program

Measles, Mumps, Rubella (MMR) Vaccination		Child (2 shots as a child)	<u>OR</u>	Adult (1 shot as an adult)
		Date:	Date:	Date:

OR

Submit a copy of a rubella titer (laboratory test that shows antibodies against rubella)

You will receive a flu shot during the fall semester from the Missouri Valley College Student Health Center. You MUST receive this shot to participate in several clinical experiences. If you choose to not receive the flu shot annually you will either be unable to participate in that clinical experience or you will wear a mask during patient care (at the digression of the clinical site).

Immunizations RECOMMENDED by Missouri Valley College Athletic Training Program

Hepatitis B	Date:	Date:	Date:
Varicella (chickenpox)	Date of vaccine <u>OR</u> Date of disease:		
Tdap	Date:		
Tetanus	Date:		
Meningitis	Date		