**IMMUNIZATION VERIFICATION FORM (INTERNATIONAL TRAINEE)**

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| Last/Family Name:  | First/Given Name:  |
| Date of Birth:  | Sex:  |
| Passport Number:  | Nation:  |
| Phone:  | E-mail:  |

**Mandatory Immunizations**

1. Please fill out **either** vaccination history **or** immunization status. This information must be verified by a physician.
2. Blood tests must have lab report attached
3. Chest X-ray must have copy of report attached.

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| 1. **MMR(Measles, Mumps, Rubella)**
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| 1. Vaccination History

(Two doses) | Date: / / | Date: / / | *Do not write here* |
| 1. Immunization status\* Blood tests must have lab report attached
 | **Measles** | **Mumps** | **Rubella** |
| Date: / / * Immune
* Non-Immune
 | Date: / / * Immune
* Non-Immune
 | Date: / / * Immune
* Non-Immune
 |
| 1. **Hepatitis A**
 |
| 1. Vaccination History

(Two doses) | Date: / / | Date: / / | *Do not write here* |
| 1. Immunization status\* Blood tests must have lab report attached
 | Date: / / * Immune
* Non-Immune
 | *Do not write here* |
| 1. **Hepatitis B**
 |
| 1. Vaccination History

(Three doses) | Date: / / | Date: / / | Date: / / |
| 1. Immunization status\* Blood tests must have lab report attached
 | Date: / / * Immune
* Non-Immune
 | *Do not write here* |
| 1. **Varicella**
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| 1. Vaccination History

 (Two doses) | Date: / / | Date: / / | History of disease: |
| 1. Immunization status\* Blood tests must have lab report attached
 | Date: / / * Immune
* Non-Immune
 | *Do not write here* |
| 1. **Tuberculosis Screening(IGRA + Chest X-ray)**
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| 1. IGRA test
 | Date: / / * Negative
* Positive
 | *Do not write here* |
| 1. Chest X-ray result

(taken within 3 months) | Chest X-ray test | Result | *Do not write here* |
| Date: / / | * Negative
* Positive
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| 1. **T dap**
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| 1. Vaccination History(1 dose)
 | Date: / / | *Do not write here* |

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| **I hereby certify that the above information is true and correct.**An official stamp from a doctor’s office, clinic or health department and an authorized signature must appear here or this form will not be approvedDatePhysical or Authorized SignatureOfficial Office Stamp Here |