

UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY IMMUNIZATION RECORD

TO BE COMPLETED BY PHYSICIAN OR HEALTHCARE PROVIDER

Student _____
Last Name First Name MI

Hepatitis B: Include titer results/dates and repeat vaccines (if needed) below

- A titer is required to confirm immunity. Documented childhood vaccines are not accepted as confirmation. Student must post titer results page to CastleBranch in addition to posting this completed Immunization Record form.
- **If titer results show Reactive (Positive):** document date of positive titer: mo ____/day ____/yr ____
 - If Reactive (Positive), no further action is needed by the student.
- **If titer results show Non-Reactive (Negative):** repeat vaccine dose(s) are required, with repeat titer after 1-2 months
 - Vaccine dose #1 (date) _____
 - If repeat titer obtained after dose #1 (this is optional):
 - mo ____/day ____/yr ____ Circle result: Reactive (Positive) or Non-Reactive (Negative)
 - If repeat titer result is Non-Reactive (Negative), 1-2 more vaccine doses are required (depending on vaccine manufacturer), with repeat titer 1-2 months after the final dose
 - Vaccine dose #2 (date) _____ Vaccine dose #3 (date) _____
 - Repeat titer after final dose (this is required):
 - mo ____/day ____/yr ____ Circle result: Reactive (Positive) or Non-Reactive (Negative)

Varicella: Check all that apply and provide dates

- ☐ Immunized with two doses of live vaccine at least one month apart mo ____/yr ____
mo ____/yr ____
- ☐ Has report of positive immune titer. Specify date: mo ____/yr ____
- ☐ Had chicken pox confirmed by doctor's records mo ____/yr ____

Rubeola (Measles): Check all that apply and provide dates

- ☐ Immunized with live measles vaccine at 12-15 months old, and 2nd dose at 4-6 yrs: mo ____/yr ____
mo ____/yr ____
- ☐ Has report of positive immune titer. Specify date: mo ____/yr ____
- ☐ Had disease confirmed by doctor's records mo ____/yr ____

Rubella (German Measles): Check all that apply and provide dates

- ☐ Immunized with live vaccine at 12-15 months old, and 2nd dose 4-6 at yrs: mo ____/yr ____
mo ____/yr ____
- ☐ Has report of positive immune titer. Specify date: mo ____/yr ____
- ☐ Had disease confirmed by doctor's records mo ____/yr ____

Mumps – only live vaccine (available after 1968) is acceptable: Check all that apply and provide dates

- ☐ Immunized with live vaccine at 12-15 months old, and 2nd dose 4-6 at yrs: mo ____/yr ____
mo ____/yr ____
- ☐ Had disease confirmed by doctor's records mo ____/yr ____

Tetanus Diphtheria Pertussis (Tdap)

- ☐ Booster must be within the last ten years. Date of last booster: mo ____/yr ____

Polio: Check all that apply and provide dates

- ☐ Completed primary series of polio immunization: ☐ Yes ☐ No
- ☐ Date of last vaccine: (Booster may be needed if traveling to area where polio is epidemic or endemic) mo ____/yr ____

I hereby certify that the information is complete and accurate and the above named student is free of communicable diseases.

Signature of Physician or Healthcare Provider

Date

Address

Phone

The University of Pittsburgh Student Health Service can perform these immunizations and titers at a reduced cost for students. If the student is providing titer results as proof of immunization, dates of vaccination are not required.

Updated April 2022