

UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY IMMUNIZATION RECORD

TO BE COMPLETED BY PHYSICIAN OR HEALTHCARE PROVIDER

NOTE: NO OTHER FORM WILL BE ACCEPTED

Student _____
Last Name First Name MI

Hepatitis B: Read and include titer results/dates below:

- A titer is required to confirm immunity. Documented childhood vaccines are not accepted as confirmation. Student must post titer results page in addition to this Immunization Record form.
- Titer confirming immunity: (provide date of titer) mo ____/date/ ____/yr ____
- If titer results show non-reactive or negative, receive booster dose, and then repeat titer in 1-2 months
 - Repeat titer: mo ____/date ____/yr ____ (immune)
 - If repeat titer result is negative, 2 more vaccine doses are required, with repeat titer in 1-2 months
 - Repeat titer: mo ____/date ____/yr ____ (immune)

Varicella: Check all that apply and provide dates

- Immunized with two doses of live vaccine at least one month apart 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 months after birth or later and after 1980: 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 months after birth or later, and after 1980: 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 months after birth or later, and after 1980: 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 booster: mo ____/yr ____
(Booster may be needed if traveling to area when polio is epidemic or endemic)

I hereby certify that the information is complete and accurate and the above named student/resident 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 2021