Florida Institute of Ultrasound, Inc
Immunization Record

FORM TO BE COMPLETED AND SIGNED BY HEALTHCARE PROVIDER

Name: ______________________ DOB: ______________________

Hepatitis B Vaccination - Three (3) doses of vaccine or serologic immunity.

		Date	Result
Hepatitis	Hepatitis B vaccine dose #1	___/___/___	
- 3 doses of vaccine or	Hepatitis B vaccine dose #2	___/___/___	
serologic immunity (titer)	Hepatitis B vaccine dose #3	___/___/___	
	Serologic Immunity (titer)	___/___/___	Immune/Non-Immune (circle results)

MMR (Measles, Mumps & Rubella) - Two (2) doses of vaccine or serologic immunity.

		Date	Result
MMR	MMR vaccine dose #1	___/___/___	
- 2 doses of vaccine or	MMR vaccine dose #2	___/___/___	
serologic immunity (titer)	Serologic Immunity (titer)	___/___/___	Immune/Non-Immune (circle results)

Varicella (Chicken Pox) - Two (2) doses of vaccine or serologic immunity.

		Date	Result
Varicella	Varicella vaccine dose #1	___/___/___	
- 2 doses of vaccine or	Varicella vaccine dose #2	___/___/___	
serologic immunity (titer)	Serologic Immunity (titer)	___/___/___	Immune/Non-Immune (circle results)

Tuberculosis Screening - Results of TB/PPD test - within last twelve (12) months.

PPD Test Date: ___/___/___ Date & Time Administered: ______________________

Administered by: ______________

Manufacture of PPD ______________ Expiration Date: __________ Lot No.

Date Read ___/___/___ Read by ______________________

Results in Millimeters of Induration______________

If results are positive or restricted from a PPD due to the BCG vaccine, a chest X-ray is required.

Chest X-ray Date ___/___/___ Attach Results of Chest X-ray Examiner's Initials: _______

Tetanus - Diphtheria - Pertussis - One (1) dose of adult Tdap. If last Tdap is more than 10 years old, provide date of last Tdap.

Tdap vaccine Lot #: _________ Expires: ___/___/___ Date: ___/___/___

Healthcare Provider Name & Address ______________________

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Phone ______________

Fax ______________

Healthcare Provider Authorized Signature ______________________ **Date** ___/___/___