

IMMUNIZATION CHECKLIST 2020

Please check to be sure your health care provider recorded all dates/results on your immunization record:

_____ **Two Step PPD – tests done prior to May are not acceptable**

if PPD is positive, please include

- (1) date of reading
- (2) results of current chest x-ray (taken the year of matriculation),
- (3) date and whether or not medication was taken, and
- (4) name of medication and the
- (5) dates of therapy, if applicable.

If BCG immunization was received 5 or more years ago, PPD is still required.

_____ **2019-2020 Influenza** season vaccine

_____ **Tetanus/Diphtheria/Pertussis**-Initial Series **and Tdap** vaccine within last 10 years required

_____ **Polio**-Initial Series (3 immunizations) **and** Booster (one after age 4)

_____ **MMR** (two immunizations after January, 1968)

_____ **Measles**- Rubeola positive serology

_____ **Mumps**- Positive serology

_____ **Rubella**- Positive serology

_____ **Varicella**- Positive serology

_____ **Hepatitis B – Series** (3 immunizations) and **positive serology**

- ***Serology documents must be within the last 5 years***
- ***You must submit an appropriate, clear copy of all documentation in PDF format.***
- ***Documentation must include your identifying information (name, birthdate, etc.)***
- ***Please label documents with last name first initial of first name and document type (example: WongT_Flu)***

NOTE: If any of your serology results are negative or equivocal, you are required to re-immunize for the virus(es) series and obtain repeat serology(ies). Example: MMR: 2 boosters, 1 month apart + repeat serology. Varicella: 2 boosters, 1 month apart + serology. Hep B: 3 boosters + serology, 2nd shot taken 1 month after 1st shot, 3rd shot taken 6 months after 2nd shot + serology completed 1 month after 3rd shot completion

Questions may be directed via phone call (808) 469-4980 or email JABSOMMR@ucera.org. For more information, please visit our webpage at <https://uhphawaii.org/index.php/jabsom-immunizations/>