IMMUNIZATION CHECKLIST

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.

_____ Current 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

_____ COVID-19 vaccination

- 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@uera.org.
For more information, please visit our webpage at https://uhphawaii.org/index.php/jabsom-immunizations/

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