

IMMUNIZATION CHECKLIST

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

If you were always negative on a two-step PPD:

- _____ **Two Step PPD OR Quantiferon or T-spot** for No history of prior TB
disease or LTBI
– **Tests done prior to May are not acceptable**

If you ever tested positive on a PPD, will need the following:

_____ **History of LTBI, Positive TB Skin test or Positive TB IGRA**

- (1) Placed and Read Date with the mm in duration noted
- (2) Results of current chest x-ray (taken the year of matriculation)
- (3) Annual TB Symptom Questionnaire
- (4) Date and whether or not medication was taken, and
- (5) Name of medication and the dates of therapy, if applicable

_____ **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 Quantitative serology**

_____ **COVID-19 vaccination including booster**

- ***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.)***

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/>