Health Services, Room HS-100

Immunization Requirements

VETERINARY TECHNOLOGY PROGRAM

NAME _____ ID or SS# _____

ADDRESS: _____DATE OF BIRTH_____

E-MAIL ADDRESS _____

To be completed and signed by Health Care Provider. Please check the appropriate boxes. Dates must include month, day and year.

Tetanus, Diphtheria and Pertussis (Tdap) (m/d/y) _____

**Received Tdap booster within last 10 years.
Tetanus booster alone without diphtheria and pertussis is not accepted. (m/d/y) _____

Hepatitis B
**Immunized with Hepatitis B Vaccine. (3 doses required. Student must have begun series before entrance to laboratory area)

Dose 1 (m/d/y)_____

Dose 2 (m/d/y)_____

Dose 3 (m/d/y)_____

**or lab reports of immunity to Hepatitis B surface antibody.
(copy of lab reports must be attached)

Inactivated Rabies Vaccine

**Please list type:_____ Route_____

Dose 1 (m/d/y) _____Dose 2 (m/d/y) _____Dose 3 (m/d/y) _____

LICENSED HEALTH CARE PROVIDER:

SIGNATURE: _____DATE: _____

HEALTH CARE PROVIDER:
ADDRESS, PHONE NUMBER AND STAMP_____
****

Name of Health Insurance Company Group _____
(Copy of insurance card must be attached)