



# Lifespan

## VOLUNTEER IMMUNIZATION RECORD

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### All Candidates Require:

#### Tuberculosis:

PPD Plant date \_\_\_\_/\_\_\_\_/\_\_\_\_

Read date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_mm

Two-step date \_\_\_\_/\_\_\_\_/\_\_\_\_

Read Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_mm

Or

#### Blood assay for Mycobacterium Tuberculosis (BAMT)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

**\*Anyone with a Positive PPD needs the date and result documented in millimeters. Anyone with a positive PPD or BAMT needs documentation of chemotherapy or prophylaxis or a Chest X-ray on after the positive result.**

Positive PPD Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_mm

Chest X-ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

#### Varicella (Chicken Pox):

Healthcare Provider Diagnosis of Varicella Disease: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

or

Varicella vaccine: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ and #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Or

Titer: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

#### TETANUS , Diphtheria and Pertussis (Tdap)

\*Tdap date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Influenza vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Exemption \_\_\_\_/\_\_\_\_/\_\_\_\_

#### MMR

2 Measles, 2 Mumps and 1 Rubella containing vaccines  
or positive titers

#### Rubeola (Measles):

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

or

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Mumps:

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

or

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Rubella (German Measles):

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

or

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

or

#### MMR:

Vaccine #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Vaccine #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional except for those employees exposed to Blood/Body Fluids

#### Hepatitis B:

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_

#2 \_\_\_\_/\_\_\_\_/\_\_\_\_

#3 \_\_\_\_/\_\_\_\_/\_\_\_\_ or Signed Declination Y / N

HbsAb: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

#### Provider

Signature \_\_\_\_\_

Date \_\_\_\_\_