

Health Appraisal Page 2

IMMUNIZATIONS

REQUIREMENTS

DATES

DPT

minimum 3 doses

_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _

Tetanus Booster

within past 10 years

_ / _ / _	_ / _ / _
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Measles, Mumps, & Rubella

after 15 months of age

_ / _ / _	_ / _ / _
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Polio (OPV)

minimum 3 doses

_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _

Hepatitis Series

3 dose series started by August

_ / _ / _	_ / _ / _
_ / _ / _	_ / _ / _

Chicken Pox

*You **must** have one of
These checked (dated)

a) written note from physician
examined and diagnosed with
Chicken Pox

_ / _ / _	_ / _ / _
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b) blood test to prove immunity

_ / _ / _	_ / _ / _
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c) have received the vaccination
for Chicken Pox

_ / _ / _	_ / _ / _
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Tuberculosis

*48 to 72 hours later, test
is checked at the doctor's
office and dated that it is
negative.

written proof:

PPD was done:

Step #1 _ / _ / _

& is negative:

Step #2 _ / _ / _

Although it is not required, it is recommended that you ask your doctor for information regarding the meningitis vaccine.