

**UT Health Science Center San Antonio**  
**STUDENT IMMUNIZATION RECORD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print or type) Last First MI

Current Mailing Address \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Street

\_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

HSC Badge # \_\_\_\_\_ Registration Date \_\_\_\_\_

**SCHOOL/PROGRAM ENTERING:**

<input type="radio"/> School of Medicine	<input type="radio"/> School of Health Professions		<input type="radio"/> Nursing School	<input type="radio"/> Graduate School	
<input type="radio"/> Dental School	<input type="radio"/> Clinical Sciences	<input type="radio"/> Emergency Health Science	<input type="radio"/> Graduate	<input type="radio"/> Biomedical Engineering	<input type="radio"/> Molecular Medicine
<input type="radio"/> Advanced Dental Education	<input type="radio"/> Deaf Education & Hearing Science	<input type="radio"/> Physician Assistant Studies	<input type="radio"/> Flex	<input type="radio"/> Cellular & Structural Biology	<input type="radio"/> Pharm. D.
<input type="radio"/> Non-degree Student	<input type="radio"/> Dental Hygiene	<input type="radio"/> Physical Therapy	<input type="radio"/> Generic	<input type="radio"/> Clinical Investigation	<input type="radio"/> Physiology
	<input type="radio"/> Dental Laboratory Sciences	<input type="radio"/> Occupational Therapy	<input type="radio"/> ADN-DIP-MSN	<input type="radio"/> Integrated Multidisciplinary Graduate Program (IMGP)	<input type="radio"/> Radiological Sciences
	<input type="radio"/> Dietetics	<input type="radio"/> Respiratory Care			

**IMMUNIZATION HISTORY**

This section is to be completed by a physician or health care facility official and signed on the bottom of this card.

**HEPATITIS B Alone or Hepatitis A&B Combo Vaccine**

All health professions, nursing, medicine, and dental students, and All students at the Health Science Center must be immunized against Hepatitis B before contact with patients or any and all other potentially contaminated materials, products, or sources. The Health Science Center will accept either the standard Hepatitis B (3 injections) or the expedited Hepatitis A&B combo vaccine series (3 injections). The Hepatitis B series can take between 4 to 6 months to complete. The Hepatitis A&B combo series can be completed in approximately 5 to 6 weeks, but will require a booster the following year. Students requiring either series should begin the series before starting classes.

Name of vaccines received: \_\_\_\_\_ Date of vaccine (quantitative) \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Post-vaccine quantitative antibody titer: \_\_\_\_\_ Date of vaccine (quantitative) \_\_\_\_\_  
 \_\_\_\_\_

**TUBERCULOSIS**

A skin test for tuberculosis is required of all students within 12 months prior to enrollment. **All students** are required to be tested on a yearly basis. Students who have not been tested within the last year are restricted from registration. Students testing positive for tuberculosis are required to undergo further medical evaluation which may include retesting, chest X-ray, liver function tests, anti-tuberculin drug therapy, and/or other tests as indicated. In accordance with the Center for Disease Control guidelines

Date of Reading: \_\_\_\_\_ Results: \_\_\_\_\_  
 If PPD is positive, date & result of most recent Chest X-ray \_\_\_\_\_  
 \_\_\_\_\_

**VARICELLA (Chicken Pox)**

Prior to registration, **all students** must submit **one** of the following:  
 1. Documentation of two immunizations administered on or after the first birthday and at least 30 days apart, or  
 2. Documentation from a health care provider on the date of the previous disease (chicken pox or zoster), or  
 3. Laboratory report of positive immune serum antibody titer (IgG).

Date of first immunization: \_\_\_\_\_ AND \_\_\_\_\_  
 Date of second immunization: \_\_\_\_\_ OR \_\_\_\_\_  
 Date & result of Varicella titer (quantitative): \_\_\_\_\_ OR \_\_\_\_\_  
 Date of disease: \_\_\_\_\_

**DIPHTHERIA-TETANUS (Td) or DIPHTHERIA-TETANUS-ACELLULAR PERTUSSIS (Tdap)**

Proof of booster shot with either the TD or TDAP within the past 10 years is required prior to registration. Health care workers who have direct patient contact should get **one** dose of Tdap. A 2-year interval since the last Td is suggested but not required.

Date of Diphtheria-Tetanus booster: \_\_\_\_\_

**MEASLES (Rubeola)**

**All students** must submit **one** of the following:  
 a) Signed physician's record documenting two (2) immunizations administered on or after their first birthday and at least 30 days apart.  
 OR  
 b) Laboratory report of positive immune serum antibody titer (IgG).

Date of first immunization: \_\_\_\_\_ AND \_\_\_\_\_  
 Date of second immunization: \_\_\_\_\_ OR \_\_\_\_\_  
 Date & result of Rubeola titer (quantitative): \_\_\_\_\_

**MUMPS**

**All students** must submit **one** of the following:  
 a) Signed physician's record documenting immunization.  
 b) Laboratory report of positive immune serum antibody titer (IgG).

Date of mumps vaccine: \_\_\_\_\_ OR \_\_\_\_\_  
 Date & result of Mumps titer (quantitative): \_\_\_\_\_

**RUBELLA**

**All students** must submit **one** of the following:  
 a) Signed physician's record documenting immunization.  
 b) Laboratory report of positive immune serum antibody titer (IgG).

Date of Rubella vaccine: \_\_\_\_\_ OR \_\_\_\_\_  
 Date/result of Rubella titer (quantitative): \_\_\_\_\_

**MENINGITIS**

Date of vaccination: \_\_\_\_\_

The Board of Regents may require immunizations against additional diseases for some students. Further immunizations may be required by the Board of Regents in times of emergency or epidemic. The cost of all immunizations will be the responsibility of the student and/or dependent.

**TO THE PROVIDER: Please indicate above if the student is NOT protected against any of these diseases. Then complete the information below.**

Provider Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City/State Zip

Title (M.D., D.O., P.A., N.P.) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

# Important Student Immunization Record

**DIRECTIONS: Return the Immunization Record to the Student Health Center at least 30 days prior to Registration.**

If you are accepted **less** than 30 days before Registration, please **hand-deliver** your Immunization Record to the Student Health Center as soon as possible. You should go to your physician or health care provider immediately with this form, since it may take some time to obtain the required information and signature. The Student Health Center is located on the Long Central Campus, in the School of Nursing building, Room. 1.422. If accepted **more** than 30 days before Registration, drop off or mail your completed form to:

**UT Health Science Center  
Student Health Center - MSC 7934  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900**

It is strongly recommended that you obtain required routine immunizations (TB skin test, tetanus, MMR, Varicella, Hepatitis B) before registration to minimize any adverse reactions during the early part of your training.

**\*STUDENTS WHO ARE NOT PROPERLY IMMUNIZED CANNOT REGISTER FOR CLASSES.**

The university will accept a legible copy of any document(s) proving you have had required immunizations. (You should retain original documents and keep them with your other permanent personal records.) **However, all information needs to be transferred on this card and signed by a Health Care Provider.**

*The Student Immunization Record is located on the reverse side of this page.*

\* Hepatitis B immunization requirements vary for students in the Graduate School of Biomedical Sciences and will be evaluated on the basis of individual research. All Graduate Nursing students and Advanced Dental Education students are required to meet all immunization requirements.