BGSU Bowling Green State University

IMMUNIZATION RECORD

FALCON HEALTH CENTER

Name _____ Date of Birth _____

RECOMMENDED: Attach a copy of immunization record or fill in dates. You may need to contact your physician's office for this information. Blood work documented immunity is acceptable only when immunization dates are unavailable.

M.M.R. (MEASLES, MUMPS, RUBELLA)
(Two doses required at least 28 days apart for students born after 1956)

Dose #1 given at age 12 months or later _____/_____/_____
Mo. Day Yr.

Dose #2 given at 28 days after first dose _____/_____/_____
Mo. Day Yr.

TETANUS-DIPHTHERIA-PERTUSSIS
Last booster dose _____/_____/_____
Mo. Day Yr.

Type of Booster ☐ Td ☐ Tdap

MENINGITIS (Check the appropriate box for type of vaccine given)

Dose #1 _____/_____/_____
Mo. Day Yr.

Dose #2 _____/_____/_____
Mo. Day Yr.

☐ Menveo
☐ Menomune
☐ Menactra

HEPATITIS A

Dose #1 _____/_____/_____ Dose #2_____/_____/_____
Mo. Day Yr. Mo. Day Yr.

HEPATITIS B (Check the appropriate box for type of vaccine given)
☐ Hepatitis B vaccine ☐ Combined Hepatitis A & B vaccine.

Dose #1 _____/_____/_____ Dose #2_____/_____/_____ Dose #3_____/_____/_____
Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.

POLIO
Completed primary series of polio immunizations:

_____/_____/_____
Mo. Day Yr.

CHICKENPOX (varicella) VACCINE

Dose #1 _____/_____/_____ Dose #2_____/_____/_____
Mo. Day Yr. Mo. Day Yr.

History of Disease: Date ____/_____/_____
Mo. Day Yr.

TB SCREENING
Does the student have signs or symptoms of active TB? (ex: exposure to person with current TB diagnosis; night sweats, coughing up blood within last 3 months)
YES NO
Has the student traveled to or lived in a high risk area (Africa, Asia, Eastern Europe, or Central or South America):
YES NO
If yes, follow up with your Primary Care Provider or contact the Falcon Health Center to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

_____ _____
Parent/Guardian Signature Date of Signature

The Falcon Health Center is your healthcare resource if you have questions or concerns.
838 E Wooster St. Bowling Green, Ohio 43402 • Phone 419-372-2271 • Fax 419-372-8010 • www.falconhealth.org