

CONCISE HEALTH SOLUTIONS IMMUNIZATION FORM

TO BE COMPLETED BY PHYSICIAN				
Name of Student		Student Number		Date of Birth (Y/M/D)
Mantoux Skin Test	Date given Year/Month/Day	Date Read 48 - 72 h from testing	Induration	
Baseline 2 Step Mantoux Step 1				
Step 2 Within 7 days - 1 year of Step 1				
Step 1 Required annually				
Step 1 Required annually				
If TB positive		Date & Result		
Chest X-Ray Every 2 years				
Chest X-Ray Every 2 years				
<i>* Doctor's Note required Annually If TB positive</i>				
Student is free from signs and symptoms of active tuberculosis		Signature	Date	
Student is free from signs and symptoms of active tuberculosis		Signature	Date	
MMR, Varicella Immunization	Dose 1 Date given	Dose 2 Date given	Booster dose Date given	MMR, Varicella titre required Include Lab Report IMMUNITY
MMR Measles, Mumps, Rubella				
Varicella Chicken Pox				
Immunization	Date Primary Series Completed		Date of Last Booster	
Polio				

Hep B Immunization	1st vaccination date	2nd vaccination date within 1 month of 1st	3rd vaccination date 5 months after 2nd dose
Hepatitis B 1st series			
Hepatitis B 2nd series Repeat if not immune			

Hepatitis B Immunity	Yes	No	Indeterminate
Hepatitis B surface antibody test required Include Lab report			
Repeat Titres 1-6 months after last vaccination			

Immunization	Date of last Immunization	Booster Due every 10 years
TDP Tetanus/Diphtheria/Pertussis		

Immunization	Date Received
Influenza Vaccination	
Influenza Vaccination	
Covid-19 vaccine 1 st dose	
Covid-19 vaccine 2 nd dose	
Covid-19 vaccine 3 rd dose	

Physicians Stamp

Physician Name	Telephone No.	Date of Completion	Signature
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