VISITING STUDENT IMMUNIZATION RECORD  
University of Texas Rio Grande Valley – School of Medicine

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<th>NAME:</th>
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| IMMUNIZATION RECORD IS TO BE COMPLETED AND CERTIFIED BY APPLICANT’S HEALTH CARE FACILITY. |

**Tetanus-Diphtheria**
1. ____ Completed primary series plus Td booster within the last 10 years

**M.M.R. (Measles, Mumps, Rubella) – If born after 1956**
1. ____ Dose 1: Immunization at 12 months or after
2. ____ Dose 2: Immunization after 1980

**Measles (Rubeola) – If given instead of M.M.R.**
1. ____ Born before 1957, considered immune
2. ____ Serologic proof of immunity
3. ____ Had disease by physician record
4. ____ Immunized with live virus, twice, at least one after 1980

**Rubella – If given instead of M.M.R.**
1. ____ Serologic proof of immunity
2. ____ One dose of vaccine on or after first birthday

**Mumps – If given instead of M.M.R.**
1. ____ Born before 1957, considered immune
2. ____ Serologic proof of immunity
3. ____ Had disease by physician record
4. ____ One dose of vaccine on or after 1st birthday

**Polio**
1. ____ Completed primary series – Give data of last dose

**Tuberculosis**
1. ____ PPC (Mantoux) test within past 12-month period
   Give date and test result ___ Negative ___ Positive
2. ____ If ever positive PPD, chest x-ray required
   Give date and chest x-ray result ___ Negative ___ Positive
3. ____ Had INH Therapy for ____ months, give date started
4. ____ Had BCG vaccine

**Hepatitis B Vaccination**
1. ____ 1st dose
2. ____ 2nd dose
3. ____ 3rd dose
4. ____ Hepatitis B surface antibody
   Give date and titer result ___ Negative ___ Positive

**Chicken Pox (Varicella)**
1. ____ Serologic proof of immunity
2. ____ Had disease by physician record
3. ____ One dose of vaccine

**CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL:**
Signature: ____________________________ Date: ____________________________
Name print or type): ____________________________ Title: ____________________________