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	Student Name:			DOB:			
:	Measles, Mumps, Rubella Two doses or positive IgG titers for Measles/Mumps/Rubella						
h Care Provide	1 st Immunization:						
		ization:					
Healt	OR IgG Titer (date):						
PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION – To be completed by the Health Care Provider:	IgG Titer (results):						
	Hepatitis B* Three doses of vaccine administered over a period of four to six months; initial vaccine followed by one and four to six months vaccines, respectively OR two doses of Heplisav-B one month apart	Two doses	icella (chickenpox) of varicella vaccine or pr ocumented with IgG tite varicella		Tdap One dose of Tetanus/Diphtheria/Pertussis MUST HAVE HAD TDAP AS AN ADULT (after age 18)		
	1st Immunization (date): and 2nd Immunization (date): and 3rd Immunization(date): OR 1st Heplisav-B (date): 2nd Heplisav-B (date):	2 nd Immuniz IgG Titer (da	and ation: OR te):		Date:	TDAP	
	OR Titer Date: Titer Result:					est OR Blood Test ed annually each 12 months)	
	Meningitis Vaccine		Interferon-gamma release assay (IGRA) (QuantiFERON Gold or T-Spot):				
J OR (Date Administered:		Date: Result:				
ICIAN	This vaccination is required every five years for		OR (Skin Test #1)Date given: Date Read: Result:				
PHYS	students age 21 and younger as of January 1, 2012 (Senate Bill 1107).		Skin Test #2)Date given: Date Read: Result: (If positive result, results of a current x-ray will be required for the student's file.)				
	Influenza - Required annually for current,		t/upcoming season.	Result of Chest x-ray: COVID-19 - Recommended Manufacturer_			
	(Required annually each flus		season)	1st Immunization			
	Date Administered:			2nd Immunization(if applicable)		(if applicable)	
Physician or Approved Licensed Health Professional Information (MD, DO, NP, PA or designee must sign off on the review of all immunizations above) Printed Name:				* u Hepatitis B vaccine series requires a minimum of 4 months to complete with intervals of 1 month between dose 1 and 2; 4 months between dose 1			
Timed rune.				and 3. u '= "' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
Address:				-Two Mantoux tuberculin skin tests (TST) are required to get a baseline. An interferon-gamma release assay is also acceptable. If the first TST is negative, a second TST is needed 1 to 3 weeks after the first TST result is read. If the			
Signature of Primary Care Provider MD, DO, NP, PA (or designee): Date:				TST or interferon-gamma release assay is positive, a chest x-ray radiology report to specifically rule out the active disease.			