



Immunization Record

Name _____

The United States Public Health Service Center of Disease Control and the California State Department of Health recommend the following tests and immunizations. The PLNU Athletic Training Education Program must verify your immunization status. The best way to accomplish this is to email, fax, or mail a copy of your entire immunization record to the ATEP Director at this address:

Point Loma Nazarene University
3900 Lomaland Dr.
San Diego, Ca. 92106
jeffsullivan@pointloma.edu

If you are unable to provide a copy of your immunizations, please complete the form below. List the years in which the following immunizations were received. Childhood immunizations (A and B below) may be recorded from your health records without verification from a health care provider. The self-reported immunizations will be reviewed by the Medical Director of the ATEP or by his representative Physician overseeing the physicals for the ATEP.

A. Diphtheria, Tetanus Toxoid Vaccine (DT) _____

B. Measles, Mumps, Rubella Vaccines (MMR) _____

All recent immunizations and tuberculin tests (C and D below) must be verified by a health care provider and attached to this form.

C. DT booster (tetanus shot) within the last seven years _____ Doctor _____
Date _____

D. Hepatitis B (HBV) **2nd dose one month after 1st; 3rd dose 5 months after 2nd** _____ Doctor _____
Dates
1. _____
2. _____
3. _____

This form should be completed six months prior to the beginning of ATEP study (last week in March) and sent or given to:

ATEP Director
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3900 Lomaland Dr.
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