

P.L.N.U

Athletic Training Education

## **Immunization Record Form**

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 P.L.N.U. Athletic Training Education Program must verify your immunization status. List the years in which the following immunizations were received.

**Childhood immunizations (#'s A and B below) may be recorded from your health records without verification from a health care provider.**

A. Diphtheria, Tetanus Toxoid Vaccine (DT) if after seven years of age \_\_\_\_\_ **OR** **Indicate one or the other**

Diphtheria, Tetanus Toxoid Vaccine (DT) if after seven years of age \_\_\_\_\_

B. Measles, Mumps, Rubella Vaccines (MMR) \_\_\_\_\_

**All recent immunizations and tuberculin tests (#'s C and D) 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) **2<sup>nd</sup> dose one month after 1<sup>st</sup>; 3<sup>rd</sup> dose 5 months after 2<sup>nd</sup>** Doctor \_\_\_\_\_  
Dates

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

A.T.E.P. Director

Point Loma Nazarene University

3900 Lomaland Dr.

San Diego, Ca. 92106