

OHIO UNIVERSITY
School of Physical Therapy

Immunization Record

 Student's Name

 Student's PID

 Date of Birth

BASIC SERIES

BOOSTER

IMMUNIZATION	BASIC SERIES			BOOSTER	
	1 st Date mo/day/yr	2 nd Date mo/day/yr	3 rd Date mo/day/yr	Date mo/day/yr	Date mo/day/yr
Combination D.P.T.					
D.T.					
Tetanus (updated every 5-10 years)					
Polio					
M.M.R					
Rubeola (10 Day Measles)					
Rubella (3 Day Measles)					
Mumps					
Smallpox					
*T.B. Two-Step Mantoux (prior to P.T. School—then one-step Mantoux yearly)					
Hepatitis B					

*Please provide a copy of your immunization records attached to this form.

Also, please provide a copy of the T.B. test and results attached to this form.