

Student Name: _____ Date: _____

Campus: _____ Class #: PCP _____

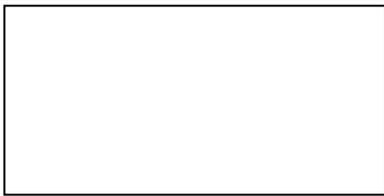
Part "A" - Immunity Confirmation

					Date
	Date		Date		
				TB - Step #1	
*Tetanus		Measles		TB - Step #2	
*Diphtheria		Mumps		Hepatitis "B"	
Polio		Rubella		Varicella Zoster (Chicken Pox)	
* Within last 10 years					**Influenza

** Less than 1 year or medically contraindicated

Physician Signature

I, Dr. _____, verify that based on my medical assessment, the person named above is actively immune either naturally or by vaccination, to those diseases listed in **Part "A"**.



Physician Signature: _____ Date: _____

Part "B" - Table of Communicable Diseases

- | | |
|---|--|
| Acquired Immunodeficiency Syndrome (AIDS) | Malaria |
| Amebiasis | Measles |
| Anthrax | Viral Meningitis |
| Botulism | Meningococcal Meningitis |
| Campylobacter enteritis | Mumps |
| Chicken Pox (Varicella) | Ophthalmia Neonatorum |
| Cholera | Parathypoid Fever |
| Cytomegalovirus Infection (Congenital) | Pertussis (Whooping Cough) |
| Diphtheria | Plague |
| Encephalitis (Primary Viral) | Poliomyelitis (Acute) |
| Gastroenteritis | Psittacosis/Ornithosis |
| Giardiasis | Q Fever |
| Group A Streptococcal Disease (Invasive) | Rabies |
| Haemophilus Influenza B Disease (Invasive) | Rubella |
| Hemorrhagic Fevers including Ebola Virus Disease, Marburg Virus Disease, and other Viral Causes | Rubella (Congenital Syndrome) |
| Hepatitis including Hepatitis A,B and C | Salmonellosis |
| Influenza | Shigellosis |
| Lassa fever | Tuberculosis |
| Legionellosis | Tularemia |
| Leprosy | Typhoid fever |
| Listeriosis | Verotoxin producing E. Coli Infections |
| | Yellow Fever |
| | Yersiniosis |

Physician Signature

I, Dr. _____, verify that to the best of my knowledge, the above named person is free from the communicable diseases listed in **Part "B"**.

Physician Signature: _____ Date: _____