

# IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.

This form will be read by a computer.

Upload to medproctor.com

University: **Notre Dame of Maryland**

Student:

DOB:

Green = Required

Blue = Recommended

Black = Optional

**MMR** Measles, Mumps, Rubella **Required**

1st          
2nd

**MENINGOCOCCAL** **Required**

1st          
2nd

**COVID - 19** **Recommended**

1st          
2nd

Vaccine Manufacturer

**HEPATITIS B** **Recommended**

1st          
2nd          
3rd

**TDaP - Booster** **Required**

Within 10 yrs.

**VARICELLA** - Chicken Pox **Recommended**

1st          
2nd

**HEPATITIS A** **Recommended**

1st          
2nd

**POLIO** - Inactivated **Recommended**

1st          
2nd          
3rd          
4th

**INFLUENZA** **Required**

1st

## REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE

PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME

SIGNATURE DATE

NON-PARENTAL

NPI NUMBER not required for U.S. service members or international students

NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL

OFFICE PHONE NUMBER

## RECOMMENDED - Tuberculosis Test Results

**Tb Skin PPD**

mm and range REQUIRED (fill bubble)

Placed:          
Read:          
actual induration in MM only

- ☐ 0 mm
- ☐ 0 to < 5 mm
- ☐ 5 to < 10 mm
- ☐ 10 to < 15 mm
- ☐ 15 mm or larger

OR

**Tb Blood**

T-Spot  
QuantIFERON

**Results**

Test

- ☐ Positive
- ☐ Negative

## Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

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OFFICE STAMP

