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 University				Green = Required		
Student:			DOB:		Blue = Recommended Black = Optional	
MENINGOCOCCAL ACWY Required	VARICELLA - Chicken Pox Recommended	HEPATITIS B	Recommended	COVID - 19	2334	nmended
1st M M D D Y Y	1st MM DD YY	1st <u>M M</u>	DD YY	1st M M		
2nd M M D D Y Y	2nd MM DD YY	2nd MM	DD YY	2nd M M		
	POLIO - Inactivated Recommended	3rd M M	DD YY	211 04 04		
Within 10 yrs	1st MM DD YY	INFLUENZA	Recommended	3rd Vaccine Manufacture	r D D	
MMR Measles, Mumps, Rubella Required	2nd MM DD YY	1st M M				
1st W W D D Y Y	3rd MM DD YY					
2nd M M D D Y Y	4th MM DD YY					
	HEPATITIS A Recommended					
	1st MM DD YY					
	2nd MM DD YY					
REQUIRED - Immunization Histor LICENSED CARE PROFESSIONAL SIGNATURE	ry Signature (Please clearly com				f page.) NATURE DATE	
EIGENGED GALLET HOT EGGIONAL GIGHAL GILL	PRINT LIGENSED REALTH CARE PROFESSION	NAL FINOT AND LAST IN	HIVIE	Sidi	NATONE DATE	
NON-PARENTAL NPI NUMBER not required for U.S. service members or international studes	nts NPI NAME OF LICENSED HEALTH CARE PROF	FESSIONAL	OFFIC	E PHONE NUMBER		
	nts NPI NAME OF LICENSED HEALTH CARE PROI	FESSIONAL	OFFIC	E PHONE NUMBER		
NPI NUMBER not required for U.S. service members or international stude						
			OFFIC			
NPI NUMBER not required for U.S. service members or international studes RECOMMENDED - Tuberculos	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm	ED FOR ALL II		STUDENTS	Resu	
NPI NUMBER not required for U.S. service members or international students. RECOMMENDED - Tuberculos Tb Skin PPD	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm	ED FOR ALL IN	NTERNATIONAL The Bloo	STUDENTS	Resu	sitive
RECOMMENDED - Tuberculos Tb Skin PPD Placed:	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm	ED FOR ALL IN	NTERNATIONAL	STUDENTS	Resu	
RECOMMENDED - Tuberculos Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signature	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI	ED FOR ALL IN	Tb Bloo Test	STUDENTS d T-Spot QuantiFEROR om of page.)	Resu O Po O Ne	sitive
RECOMMENDED - Tuberculo: Tb Skin PPD Placed: Read: actual induration in MM only	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger	ED FOR ALL IN	Tb Bloo Test	STUDENTS d T-Spot QuantiFEROR om of page.)	Resu	sitive
RECOMMENDED - Tuberculor Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signature LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI PRINT LICENSED HEALTH CARE PROFESCION	OR and place office NAL FIRST AND LAST NA	Tb Bloo Test M M ce stamp at botto	STUDENTS d T-Spot QuantiFEROM m of page.)	Resu O Po O Ne	sitive
RECOMMENDED - Tuberculos Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signatulicensed CARE PROFESSIONAL SIGNATURE	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI PRINT LICENSED HEALTH CARE PROFESCION	OR and place office NAL FIRST AND LAST NA	Tb Bloo Test M M ce stamp at botto	STUDENTS d T-Spot QuantiFEROR om of page.)	Resu O Po O Ne	sitive
RECOMMENDED - Tuberculos Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signate LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL NPI NUMBER not required for U.S. service members or international students.	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALL PRINT LICENSED HEALTH CARE PROFESCION NPI NAME OF LICENSED HEALTH CARE PROF	OR Land place office NAL FIRST AND LAST NA	Tb Bloo Test M M ce stamp at botto	STUDENTS d T-Spot QuantiFEROM m of page.)	Resu O Po O Ne	sitive
RECOMMENDED - Tuberculos Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signate LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL NPI NUMBER not required for U.S. service members or international students REQUIRED - Parent/Guardian	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI PRINT LICENSED HEALTH CARE PROFESCION NPI NAME OF LICENSED HEALTH CARE PROFESCION Medical Treatment Consent	OR Land place office NAL FIRST AND LAST NA FESSIONAL	Tb Bloo Test Ce stamp at botto AME OFFICE O	STUDENTS d T-Spot QuantiFEROR om of page.) SIGN SIGN EPHONE NUMBER	Resu Po Ne	egative egative
RECOMMENDED - Tuberculos Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signate LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL NPI NUMBER not required for U.S. service members or international students.	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI PRINT LICENSED HEALTH CARE PROFESSION NPI NAME OF LICENSED HEALTH CARE PROFESSION Medical Treatment Consent yland to employ diagnostic procedure and well-being of my child. I grant per	OR L and place office NAL FIRST AND LAST NA FESSIONAL s and to render an	Tb Bloo Test De stamp at botto AME OFFICE O	T-Spot QuantiFERON SIGN	Resu Po Ne	egative egative or psychiatric
RECOMMENDED - Tuberculor Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signature LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL NPI NUMBER not required for U.S. service members or international students REQUIRED - Parent/Guardian I hereby authorize Notre Dame of Marcare deemed necessary to the health a	sis Test Results REQUIR mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALI PRINT LICENSED HEALTH CARE PROFESSION NPI NAME OF LICENSED HEALTH CARE PROFESSION Medical Treatment Consent yland to employ diagnostic procedure and well-being of my child. I grant per	OR and place office NAL FIRST AND LAST NA FESSIONAL s and to render an mission for the tran	Tb Bloo Test	STUDENTS d T-Spot QuantiFEROR m of page.) SIGN SIGN EPHONE NUMBER cal, surgical, ps n accredited hos	Resu Po Ne	or psychiatricer health care
RECOMMENDED - Tuberculor Tb Skin PPD Placed: Read: actual induration in MM only Tuberculosis Test Results Signature LICENSED CARE PROFESSIONAL SIGNATURE NON-PARENTAL NPI NUMBER not required for U.S. service members or international students REQUIRED - Parent/Guardian I hereby authorize Notre Dame of Marcare deemed necessary to the health as facility if deemed necessary by the medical students of the company of the service of th	mm and range REQUIRED (fill bubble) 0 mm 0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ure (Please clearly complete ALL PRINT LICENSED HEALTH CARE PROFESCION NPI NAME OF LICENSED HEALTH CARE PROFESCION Medical Treatment Consent yland to employ diagnostic procedure and well-being of my child. I grant perr dical or mental health provider.	OR and place office NAL FIRST AND LAST NA FESSIONAL s and to render an mission for the tran	Tb Bloo Test	STUDENTS d T-Spot QuantiFEROR m of page.) SIGN SIGN EPHONE NUMBER cal, surgical, ps n accredited hos	NATURE DATE ychological spital or other	or psychiatricer health care

OFFICE STAMP