

**Occupational Therapy Assistant Program**

**Health Record/Immunizations**

***Complete the required information below. Please submit along with this form copies of immunization records or proof of immunization. Thank you.***

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Meningitis (MV) **Texas Legislature Senate Bill 62** requirement for all students under the age of 22 years

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is also required that students in Health professions receive the Hepatitis B immunizations.

* Hepatitis B injections required

**Hepatitis B Series**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Titer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Tuberculosis Test: (Dated test results must be submitted with this form)

or Tine Positive \_\_\_\_ Negative \_\_\_\_

or Tuberculin Positive \_\_\_\_ Negative \_\_\_\_

or Chest x‐ray Positive \_\_\_\_ Negative \_\_\_\_

* Measles, Mumps, Rubeola

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Titer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Titer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Varicella Varicella

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Titers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Tetanus

Records must reflect a Diphtheria Tetanus Toxoid Booster within the last ten years.

Date of Booster‐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Influenza/Seasonal Flu immunization (required annually, during flu season, Sept‐March or April)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize release either verbally or in writing, the information contained in the health records to

Parker University and its Clinical Affiliates.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature** **Date**