**Texas A&M University  
Master of Science in Athletic Training  
Immunization Record**

Please clearly print or type in the requested information. Upload this form into your Personal Records section of eValue **along with verification documents**. *Note: Refer to* [*https://admissions.tamu.edu/apply/admitted-students/meningitis-vaccination-requirement*](https://admissions.tamu.edu/apply/admitted-students/meningitis-vaccination-requirement) *for bacterial meningitis vaccine requirements and submission instructions to meet university requirements.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
Last Name First Name Middle Initial  
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Birthdate

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| **VACCINE (Verification is required prior to program start date)** | **DATE EACH DOSE GIVEN** | | | | |
| **1ST** | **2ND** | **3RD** | **Titer or Disease Diagnosis** | **Booster if applicable** |
| **Measles, Mumps, Rubella (MMR)**  1 or 2 doses of MMR vaccination **or** Positive quantitative titer report showing immunity. |  |  |  |  |  |
| **Varicella (Chickenpox)** 2 doses (at least 4 weeks apart) **or** Proof of a chicken pox diagnosis by a physician **or** Quantitative titer report showing immunity. |  |  |  |  |  |
| **Hepatitis B**  3 doses (0, 1 month after 1st dose, 4-6 months after 2nd dose) **AND** positive titer report showing immunity. |  |  |  |  |  |
| **Diphtheria, Tetanus, Pertussis (Td, Tdap, DTP)** 1 dose of Tdap vaccination after age 18 with Td booster every 10 years |  |  |  |  |  |
| **COVID-19** [Up to date](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html) having received all CDC recommended vaccines  [Primary series (2-dose series) and Booster]  Booster dose: see [www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html](file:///\\ed-file.ed.tamu.edu\Home\HLKN\lgreenwo\computerbackup2019\Documents\Lori's%20Office\Texas%20A&M\ATEP\Application%20Materials\Application%20Packet\www.cdc.gov\vaccines\covid-19\clinical-considerations\interim-considerations-us.html) |  |  |  |  |  |

For information on immunization recommendations from the Centers for Disease Control go to: <http://www.cdc.gov/vaccines>

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| **REQUIRED ANNUALLY** | **1ST YEAR** | **2ND YEAR** |
| **Flu (Influenza) Vaccine**  Students must show proof that they have received the current predicted strain vaccination. Therefore, incoming students must show proof dated after August 1 but before Sept. 1 of the current year. Returning students, must show proof of annual vaccine within 12 months of previous.  Flu vaccinations can be received at the [Student Health Services](http://shs.tamu.edu/). | **Date** | **Date** |
| **TB: TB Skin Test Date (< 1 year old): Required prior to Sept. 1**  Evidence of negative TB Skin Test or TB Blood Assay Test within 12 months of Sept. 1 **or**  If reading is positive, a clear chest X-ray report must be submitted. TB skin tests can be received and read at the [Student Health Services](http://shs.tamu.edu/). | **Date** | **Date** |
| **List most recent TB test date and reading:** | **Reading** | **Reading** |
| \_\_\_neg | \_\_\_neg |
| \_\_\_pos | \_\_\_pos |

**I certify that the above immunization records are complete and accurate to the best of my knowledge.**

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STUDENT SIGNATURE (Print or Digital) DATE**