

IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.
This form will be read by a computer.
Upload to medproctor.com

University: **Concordia University Chicago**

Green = Required

Student: _____

DOB: _____

Blue = Recommended

Black = Optional

MENINGOCOCCAL ACWY Required

1st

2nd

Tetanus - last 3 with booster Required

1st

2nd

Booster
TDaP
or TD

COVID - 19 Recommended

1st

2nd

3rd

Vaccine Manufacturer

TDaP - Booster Required

Within 10 yrs.

MMR Measles, Mumps, Rubella Required

1st

2nd

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 <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER

REQUIRED - Tuberculosis Skin or Blood Test Results

<p>Tb Skin PPD</p> <p>Placed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Read: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>actual induration in MM only <input type="text"/> <input type="text"/></p>	<p>mm and range REQUIRED (fill bubble)</p> <p><input type="radio"/> 0 mm</p> <p><input type="radio"/> 0 to < 5 mm</p> <p><input type="radio"/> 5 to < 10 mm</p> <p><input type="radio"/> 10 to < 15 mm</p> <p><input type="radio"/> 15 mm or larger</p>	<p>OR</p> <p>Tb Blood T-Spot QuantIFERON</p> <p>Test <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Results</p> <p><input type="radio"/> Positive</p> <p><input type="radio"/> Negative</p>
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REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

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OFFICE STAMP

