

Verification of Immunization Records

Student Name _____

School or Program _____

By signing this form, the affiliated program verifies that the above student has all immunizations up to date, complete and on file at the institution. This agreement confirms that these health files comply with the standards set by Aultman Hospital and its accrediting body. Aultman honors the partnerships and maintains integrity with all programs and students who use the Aultman facilities.

* Information on the complete list of immunization requirements is attached.

* This agreement also validates and gives Aultman Hospital the right to perform random audits with student immunization files.

Signature and Title _____

Printed Name _____

Date _____

All of the following immunization records must be on file and meet the specified date requirements.

Hepatitis B - Documented proof of a completed Hepatitis B series.

MMR - Documented proof of two immunizations. **Or** a positive Rubella, Rubeola immunization titer.

T-Dap - Documentation and date of last tetanus vaccine. **If greater than 2 years ago, you must be updated with the adult Tdap vaccine and have documentation.**

Varicella - Documentation and proof of having chicken pox.
If documentation is not available a positive immunity titer or immunization is required.

Tuberculosis testing - You are required to have a 2-step Mantoux (TB test) taken within the last 12 months or two consecutive years of a 1-step TB