

Oregon Health & Science  
University  
IMMUNE STATUS FORM

Submit form and supporting  
documentation to:

American Data Bank  
Fax: 1 877-619-4139 or 303-630-1825  
Email: immunization@americandatabank.com

Name: \_\_\_\_\_  
(Required)

Gender: M \_\_\_\_ F \_\_\_\_  
(Required)

D.O.B. & Place: \_\_\_\_\_  
(Required)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Required) (Required)

Email: \_\_\_\_\_  
(Required)

OHSU Program: \_\_\_\_\_  
(Required)

State & Year of High School Graduation: \_\_\_\_\_  
(Required)

Required immunizations -Dates must include mm/dd/yyyy if available

<p>1) <b>TETANUS/DIPHTHERIA</b> Required: Primary series of 3. Date completed: _____ Also Required: Booster within the last 10 years. Date: _____ If booster after 2004, was this a Tdap (tetanus-diphtheria-pertussis) vaccination? (Please find out.) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Td</b></p>
<p>2) <b>POLIO</b> Required: Primary series of 4. Date of completion _____ Date of adult booster (or #5) if received _____</p>	<p><b>Polio</b></p>
<p>3) <b>MEASLES</b> (Rubeola) Required: One of the following: 1) Immunity confirmed by blood titer (Attach copy of lab report) Date of titer : _____ 2) Two vaccinations with live attenuated virus vaccine and/or MMR Date:measles #1 _____ or MMR1 _____ Date:measles #2 _____ or MMR2 _____ (If first date unknown, date of second vaccine after 1989 _____)</p>	<p><b>Rubeola</b></p>
<p>4) <b>MUMPS</b> Required: One of the following 1) Two live mumps virus vaccinations (either MMR or mumps vaccine) type and date) _____ and (vaccine type and date) _____ 2) Blood test (mumps antibody titer) showing immunity. Date _____ Result _____ Attach copy of lab report</p>	<p><b>MUMPS</b></p>
<p>5) <b>RUBELLA</b> Required: One of the following: 1) Immunity confirmed by blood titer. (Attach copy of lab report) Date: _____ 2) Immunization with live attenuated rubella virus vaccine or MMR (type and date) Date: _____</p>	<p><b>Rubella</b></p>
<p>6) <b>HEPATITIS B</b> Required: Item 1 OR Item 2; AND Item 3 1) 3 primary series shots: Date: #1 _____ 3) Immunity confirmed by HbsAB blood titer (at 0, 1, 6 mo) Date: #2 _____ (Hep B Surface Antibody result positive or Date: #3 _____ Attach copy of lab report. Date: _____ Date: _____ 2) Had the disease Date: _____ Have you had these Hepatitis B titers? (Will be needed if unable to achieve item 3 above.) HepBsAG _____ Infectious if positive (you are a carrier) Date _____ Result _____ HepBcAB _____ Means you had history of disease if positive Date _____ Result _____</p>	<p><b>Hep B V</b></p> <p><b>HbsAB Titer</b></p> <p><b>HepBsAG</b></p> <p><b>HepBcAB</b></p>
<p>7) <b>VARICELLA</b> Required: One of the following: Documentation showing verification of immunity to Varicella: 1. Document signed by Health Care Provider stating the date you had chickenpox disease. 2. Documentation of two doses of Varicella vaccine: Date #1: _____ Date #2 _____ 3. Laboratory evidence of immunity (Varicella antibody titer) Date _____ Result _____ Attach copy of lab report.</p>	<p><b>Varicella</b></p>
<p>8) <b>TUBERCULIN STATUS:</b> Note: You will also need annual TB test (TST) clearance while at OHSU. List dates for two-step TST, two tests, both negative, at least a week but not more than a year apart, the second must be done less than 12 months before entry to OHSU. 1) Skin Test #1: Date: _____ Result: Neg ____ Pos ____ mm if known _____ 2) Skin Test #2: Date: _____ Result: Neg ____ Pos ____ mm if known _____ If you have a positive TST, submit a chest x-ray report and INH history. If you had BCG, please obtain a Quantiferon TB Gold test and submit the result.</p>	<p><b>TB</b></p>
<p>9) <b>OTHER – Informational, not required at this time for entrance to OHSU</b> (List vaccines and dates)</p>	