

## **IMMUNIZATION CERTIFICATE**



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

	University: Notre Dame of Maryland					Green = Required		
Student:				DOB:			Blue = Recommended  Black = Optional	
				20110 20				
MENINGOCOCCAL ACWY	Y Required	VARICELLA - Chicken Pox Recommended  1st	HEPATITIS B	Recommended V	COVID - 19	Recom	mended V	
2nd M M D		2nd M M D D Y Y	2nd M M D	D Y Y	2nd M M			
TDaP - Booster	Required	POLIO - Inactivated Recommended	3rd M M D	D Y Y				
Within 10 yrs.	DYY	1st MM DD YY	INFLUENZA	Recommended	<b>3rd</b> Vaccine Manufacture	DD		
MMR Measles, Mumps, Rubell	a Required	2nd MM DD YY	1st MM D		vaccine Manufacture			
1st	D Y Y	3rd MM DD YY						
2nd MM D	D Y Y	4th MM DD YY						
		1st Recommended						
		2nd M M D D Y Y						
REQUIRED - Immu	nization Histo	ory Signature (Please clearly con	nnlete ALL and place	e office stamp	at bottom of	f nage )		
LICENSED CARE PROFESSIO		PRINT LICENSED HEALTH CARE PROFESSION	<del> </del>	omoo otamp		NATURE DATE		
NON-PARENTAL  NPI NUMBER not required for U.S. servi	ice members or international stud	dents NPI NAME OF LICENSED HEALTH CARE PRO	DFESSIONAL	OFFICE	PHONE NUMBER			
RECOMMENDED	) - Tuberculo	osis Test Results						
Tb S	Skin PPD	mm and range REQUIRED (fill bubble)						
Placed:		/ 0 mm						
				Th Blood	T-Spot	Resu	ılts	
Poods W		_	OR _	Tb Blood	T-Spot QuantiFERON	O Pos	sitive	
Read: MM			OR Test		T-Spot QuantiFERON	O Pos		
actual induration in M		0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm 15 mm or larger	Test	MM D	QuantiFERON	O Pos	sitive	
actual induration in M Tuberculosis Test F	Results Signa	0 to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger ture (Please clearly complete AL	Test	MM D	QuantiFERON	Po:	sitive	
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actual induration in M  Tuberculosis Test F  LICENSED CARE PROFESSION  NON-PARENTAL  NPI NUMBER not required for U.S. service  REQUIRED - Pare  I hereby authorize N  psychiatric care deem	Results Signa: NAL SIGNATURE  ice members or international stude ent/Guardia otre Dame of Management of Property States and necessary to ity if deemed ne	O to < 5 mm 5 to < 10 mm 10 to < 15 mm 15 mm or larger  ture (Please clearly complete AL PRINT LICENSED HEALTH CARE PROFESSION  Medical Treatment Consenses  Maryland to employ diagnostic process to the health and well-being of my chile	L and place office stopped and place office stopped and to render a d. I grant permission for the provider.	camp at botton  OFFICE  I be under 18  ny treatment or	n of page.)  PHONE NUMBER  on 10/6/20  medical, surg my child to an	NATURE DATE  D23 .)  ical, psycho	logical or ospital or	

OFFICE STAMP

