

## Immunization Record

Immunizations and Health Provider Certification (CPR) (to include adult, youth and infant) is required by the orientation day. CPR and immunizations must be kept current throughout the program.

This form must be completed and signed by the appropriate health care provider.

Based on the recommendations from the Centers for Disease Control (CDC), the American College Health Association (ACHA), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics, the following have been established as the immunization and immunity requirements for students in the University of Alaska Anchorage Dental Programs.

The Student Health Center provides immunizations and titers at a reduced fee. Other sources for immunizations and titers may be Health Departments and private practitioners.

Students admitted to clinic and pre-clinic who have not completed the Hepatitis B vaccination series, must show proof of completion within 6 months and show proof of immunity by having a post-titer drawn. Students who are non-immune after vaccination series must repeat the series and have another post-titer drawn.

**I have received and reviewed the Dental Program Immunization statement and agree to provide proof of all required immunizations.**

Student Name: \_\_\_\_\_  
Please Print

Student Signature: \_\_\_\_\_

	<b>Dates</b>	<b>Results</b>
1. Freedom from Tuberculosis by P.P.D. or Chest X-ray	_____ _____	_____ _____
2. Rubella Immunity Titer or vaccine	_____ _____	_____ _____
3. Measles (Rubeola) Immunity Titer or vaccine	_____ _____	_____ _____
4. Varicella Immunity Titer or vaccine	_____ _____	_____ _____
5. Diptheria/Pertussis/Tetanus Vaccine (within last 10 years)	_____	
6. Hepatitis A Immunization #1 Immunization #2	_____ _____ _____	_____ _____ _____
7. Hepatitis B Immunization #1 Immunization #2 Immunization #3 <b>and</b> titer	_____ _____ _____ _____	_____ _____ _____ _____

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**Signature of Health Care Provider**