



STUDENT WELLNESS SERVICES

IMMUNIZATION WORKSHEET

Use this worksheet to help organize your immunization data.

All immunization data will need to be transferred into the corresponding fields on the Student Health Portal at https://mycaltechhealth.caltech.edu/login_directory.aspx

Please upload your original immunization records and laboratory test results online when prompted.

PLEASE DO NOT UPLOAD THIS SHEET.

REQUIRED IMMUNIZATIONS			
MMR (Measles, mumps, and rubella) Two (2) doses with first dose on or after 1 st birthday	MMR #1 _____/_____/_____ M D Y	MMR #2 _____/_____/_____ M D Y	
	OR		
	Measles #1 _____/_____/_____ M D Y	Measles #2 _____/_____/_____ M D Y	
	Mumps #1 _____/_____/_____ M D Y	Mumps #2 _____/_____/_____ M D Y	
	Rubella #1 _____/_____/_____ M D Y	Rubella #2 _____/_____/_____ M D Y	
VARICELLA Two (2) doses with first dose on or after 1 st birthday	Varicella #1 _____/_____/_____ M D Y	Varicella #2 _____/_____/_____ M D Y	
HEPATITIS B	Hepatitis B #1 _____/_____/_____ M D Y	Hepatitis B #2 _____/_____/_____ M D Y	Hepatitis B #3 _____/_____/_____ M D Y
TDAP <i>One (1) dose after age 7</i>	Tdap _____/_____/_____ M D Y		Td – Tetanus Booster _____/_____/_____ M D Y <i>10 yrs after Tdap</i>
MENINGOCOCCAL CONJUGATE (serogroups A, C, W, Y) One (1) dose on or after age 16 if you are under 22	_____/_____/_____ M D Y <input type="checkbox"/> I am age 22 or older		

OR

SEROLOGIC PROOF	
<i>If providing serologic proof of immunity, you must attach laboratory test results</i>	
Positive IgG serologic test required	Date
Measles	_____/_____/_____ M D Y
Mumps	_____/_____/_____ M D Y
Rubella	_____/_____/_____ M D Y
Varicella	_____/_____/_____ M D Y
Hepatitis B	_____/_____/_____ M D Y
Tdap No Serologic test available	Vaccination required
Meningococcal No Serologic test available	Vaccination required