

Immunization Report for CNA STUDENTS

To be completed by the first day of clinicals

– bring to class if questions – do not mail in

Check this website for <http://dhs.wisconsin.gov/immunization/publicaccess.htm>
Follow the Public Immunization Record Access links. Your immunization history may be available to you from this site.

Student Name: _____

Date of birth: _____ **Phone:** _____

Enter Month and year for each box

Immunization	Type	Date	Date	Date	Date	Date
T. B. screening	<i>1 step within past 12 months</i>					
Measles Mumps Rubella (MMR)	<i>1 dose after 1st birthday, 2nd dose after 4th birthday or copy of + rubella titer, rubeola titer and mumps titer</i>					
Varicella (Chicken Pox)	<i>Indicate date of disease or immunization or varicella titer</i>					
Hepatitis B * <i>Or declination</i>	<i>Recommended, but not mandatory</i>					

Declination statement

I refuse to have the Hepatitis Vaccination series at this time

Signature:

Date:

I affirm that the above is true to the best of my knowledge.

Signed:

Date