



IMMUNIZATION VERIFICATION FORM

All students and observers who have contact with patients during the Rush Advanced Trauma Training Program (ATTP) must comply with Rush Health Clearance policies.

Incomplete immunization information may preclude participation in the Rush ATTP clinical opportunities.

Last Name	First Name	Middle Initial
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TUBERCULIN TEST

PPD/quantiferon gold) Standard: within one year		
Negative	Positive	Date:month/day/year
If skin test is positive, chest x-ray required every 4 years.		

BLOOD TITERS/VACCINE SERIES

If blood test result does not show immunity for any of the following, attach copy of follow-up immunization record.

Measles (Rubeola)	Immune	Date:month/day/year
	Not Immune	
Rubella	Immune	Date:month/day/year
	Not Immune	
Mumps	Immune	Date:month/day/year
	Not Immune	
Varicella	Immune	Date:month/day/year
	Not Immune	
Hepatitis B	Immune	Date:month/day/year
	Not Immune	

TDAP Vaccine

Date:month/day/year

COVID-19 Vaccine

Circle one:

Moderna
 Pfizer
 Johnson & Johnson
 N/A

Date:month/day/year

Flu Shot

Must be within one year of the first day of the course.

Date:month/day/year

Signature (Commander/Medical Provider):

Date: month/day/year