



Emergency Medical Teaching Services, Inc.

201—205 Oak Street, Second Floor
 Pembroke, Massachusetts 02359
 Office: (877) 385-EMTS or (781) 826-2011 Fax: (781) 826-8812

Immunization Documentation Form

Name			
Address			
City	State	Zip	



Notice:

This form, *and all supporting documentation*, must be returned to the school office no later than the 45th lesson of the current course syllabus. Failure to meet this requirement may result in your removal from the course.

This form must be completed by a health care professional. Serological evidence of immunity in acceptable in the absence of original immunization documentation. Students are advised to consult with a health care provider with any questions relating to the student's health and immunizations prior to applying for enrollment.

Immunization Type	Current	Date of Immunization
Measles vaccine (after 1968)	Y / N	
MMR (Measles, Mumps, Rubella)	Y / N	
Tetanus/Diphtheria (within last 10 years)	Y / N	
Mantoux test (tuberculin skin test) With a Negative result <u>within the last twelve months</u>	Y / N	
Completion of the Hepatitis B Series	Y / N	Dose 1:
		Dose 2:
		Dose 3:
Varicella (Chicken Pox) Vaccine or Serological evidence of immunity or past Medical records indicating history	Y / N	

Health Care Provider			
Health Care Organization or Affiliation			
Address	City	State	Zip
Phone Number	Fax Number		
Signature	Date		