



IMMUNIZATION RECORD

All forms and lab results must be sent to: dcinesi@concentra.com by July 1, 2023 STUDENTS WHO DO NOT SUBMIT COMPLETED FORMS WILL NOT BE PERMITTED TO ATTEND ORIENTATION

For any questions regarding immunizations, please call:
Daniella/Terry at Concentra (856) 338-0350

Last Name _____ First Name _____ MI _____

Address _____

Start Date (month and year) _____

CMSRU Email Address ONLY _____

TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER.

ALL DOCUMENTATION IS REVIEWED BY CONCENTRA.

PROOF OF SEROLOGIC IMMUNITY IS REQUIRED FROM WITH LAST YEAR-since 8/8/22. If you are found to be not immune, begin the series with your primary care provider. Please submit documentation of immunization to Concentra. All titers must be QUANTITATIVE. PLEASE ATTACH ALL LAB REPORTS/RESULTS.

Done (Check)

- ☐ ADULT Tdap (TETANUS, DIPHTHERIA & ACELLULAR PERTUSSIS). MUST HAVE BEEN RECEIVED IN THE PAST 10 YEARS. Adacel™ ____/____/____
MM DD YYYY
- ☐ MMR (Measles, Mumps, Rubella). Serologic immunity required. Please attach quantitative result.
-Please provide childhood immunization records for MMR.
- ☐ VARICELLA (Chicken Pox). Serologic immunity required. Please attach quantitative result.
-Please provide childhood immunization records for Varicella.
- ☐ Hepatitis B Virus. Serologic immunity required for hepatitis B surface antibody (quantitative), hepatitis B core antibody, and hepatitis B surface antigen. Please attach quantitative result.
-Please provide childhood immunization records for Hepatitis B.
1. Hep B Surface AB-Quantitative
 2. Hep B Surface Antigen
 3. Hep B Core Antibody

If you are found not to be immune, please begin a series of vaccinations with your primary care provider.



Must include Lot# and dates for all vaccines:

☐ **COVID-19 vaccine.** Please provide documentation of full vaccination (1st & 2nd dose + booster).

1st Dose _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY
2nd Dose _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY
Booster _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY

☐ **Influenza (Flu) vaccine.** Please provide documentation of immunization.

Administered _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY

☐ **Meningococcal vaccine (OPTIONAL).** Please provide documentation of immunization.

Administered _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY

☐ **Polio vaccine.** Please provide documentation of immunization.

Administered _____	Lot # _____	Expiration _____
MM / DD / YYYY		MM / DD / YYYY

Tuberculosis screening. During Orientation you will undergo a 2 Step PPD from Concentra.

☐ **Do you have a history of a positive PPD?** ☐ Yes ☐ No

If you have a history of a positive PPD, please provide a chest x-ray taken within 1 year.

☐ **History of latent or active tuberculosis.** ☐ Yes ☐ No

Have you had the following symptoms: Unexplained weight loss, chronic cough with blood streak, fevers, swollen lymph nodes, or night sweats. ☐ Yes ☐ No

Please submit the following documentation of your treatment from your physician:

-Name of the medication taken and duration

-Copy of last chest x-ray result.

If you have a history of requiring a Quantiferon TB Gold, please submit a copy of the test result from the past one month.

*****Please send ALL pediatric immunization records to dcinesi@concentra.com**

HEALTH CARE PROVIDER (must be completed):

Print Name _____ Address _____

Sign Name _____ Phone _____

Date _____ Fax _____



TITERS MUST BE QUANTITATIVE

Titers submitted must be **quantitative**, meaning the levels must be documented. Below are the test codes for the 2 major labs used. If you are using a different lab please be sure the tests ordered are **quantitative**. If titers are not **quantitative** you will have to have them drawn again.

Hep B Surface Antibody Quantitative Titer

Labcorp Code- 006530

Quest Code- 8475

MMR (Mumps, Rubella and Rubeola) Quantitative Titer

Labcorp Code- 058495

Quest Code- 5259

Varicella Quantitative Titer

Labcorp Code- 096206

Quest Code- 4439

The following additional required lab work, will be **qualitative**, meaning it will only report as negative or positive.

Hep B Surface Antigen

Labcorp Code- 006510

Quest Code- 498

Hep B Core Antibody

Labcorp Code- 006718

Quest Code- 501

Please do not deviate from the list of required labs and associated lab codes. Any deviation in lab requests or use of incorrect lab codes will result in delaying the student from attending Cooper Medical School of Rowan University Orientation, which is a requirement of matriculation.