Cumulative Immunization Record
SWOSU College of Pharmacy

NAME: _____
(Please Print) **Last** **First** **Middle**

DOB: _____ **STUDENT ID:** _____
month/day/year

Immunization	**Date**	**Signature/Title/Facility** (ALL THREE REQUIRED) (may attach copy of original immunization form)
MUST BE COMPLETED BY THE DATE DESIGNATED BY THE COLLEGE OF PHARMACY		
Tetanus/Diphtheria/Pertussis (Received within last 10 years)	_____	_____
Tetanus/Diphtheria/Pertussis (Booster-if above expires)	_____	_____
MUST BE COMPLETED BY THE DATE DESIGNATED BY THE COLLEGE OF PHARMACY		
# 1 Measles/Mumps/Rubella (after 1st birthday)	_____	_____
# 2 Measles/Mumps/Rubella (at least 1 month after 1st dose)	_____	_____
#1 Hepatitis B	_____	_____
#2 Hepatitis B (Due 1 month after 1st injection)	_____	_____
# 3 Hepatitis B (Due 4 months after 1st injection and 2 months after 2nd injection)	_____	_____
#1 Varicella	_____	_____
#2 Varicella (Due 4-6 weeks after 1st injection)	_____	_____
OR		
Positive Varicella Titer	_____	_____

MUST BE COMPLETED BY THE DATE DESIGNATED BY THE COLLEGE OF PHARMACY

NOTE: Booster TB test is required if this is your 1st TB test or if it has been > 1 year since your last test.

TB Skin Testing (completed within the last year)	**Booster (1-2 weeks after 1st test)**
Date given: _____	**Date given:** _____
Date Read: _____	**Date Read:** _____
Results: _____	**Results:** _____
Signature/Title: _____	**Signature/Title:** _____

Yearly TB Skin Testing (updated annually while in school)	
Date given: _____	**Date given:** _____
Date Read: _____	**Date Read:** _____
Results: _____	**Results:** _____
Signature/Title: _____	**Signature/Title:** _____
Date given: _____	**Date given:** _____
Date Read: _____	**Date Read:** _____
Results: _____	**Results:** _____
Signature/Title: _____	**Signature/Title:** _____
Date given: _____	**Date given:** _____
Date Read: _____	**Date Read:** _____
Results: _____	**Results:** _____
Signature/Title: _____	**Signature/Title:** _____

SEND COMPLETED FORM TO: LYANNA SCHULTZ, College of Pharmacy 100 CAMPUS DRIVE WEATHERFORD, OK 73096 or Fax (580) 774-7020