

This worksheet will help you gather information to enter your immunization history online.



University Health and Wellness
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Student Name: _____ Birthdate: _____

Vaccine	Vaccine Name	Date (mm/dd/yyyy)	Detail/Results
COVID-19	1		

	hep B surf Ab titer		positive negative
	hep B surf Ag titer		positive negative
Measles, Mumps, Rubella	1		
	2		
	Measles titer		positive negative
	Mumps titer		positive negative
	Rubella titer		positive negative

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University Health and Community Services
UNIVERSITY OF TORONTO

Vaccine	Vaccine Name	Date (mm/dd/yyyy)	Detail/Results
Meningitis B	1		
	2		
	3		
Other Vaccinations			

Tuberculosis Screening for Health- Related Students

-or-

Tuberculin skin tests (PPD), Mantoux only			
Interferon Gamma Release Assay (TB blood test)			
BCG Vaccination			
Chest X-Ray (required if PPD or IGRA is positive)			