



## RADIOLOGIC TECHNOLOGY PROGRAM

### Health Record/Immunizations

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

- **Meningitis(MV)** Texas Legislature Senate Bill 1107 if 30yrs old or younger \_\_\_\_\_

It is also required that the student receive the Hepatitis B immunizations.

- **Hepatitis B injections required** **Hepatitis B**

Series: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Titer \_\_\_\_\_

- **Tuberculosis Test: (*Dated test results must be submitted with this form*)**  
or Tine Positive \_\_\_\_\_ Negative \_\_\_\_\_  
or Tuberculin Positive \_\_\_\_\_ Negative \_\_\_\_\_  
or Chest x-ray Positive \_\_\_\_\_ Negative \_\_\_\_\_

- **Measles, Mumps, Rubeola**

Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

or Titer \_\_\_\_\_

- **Varicella** **Varicella**

Date \_\_\_\_\_ or Titers \_\_\_\_\_

- **Tetanus**

Records must reflect a Diphtheria Tetanus Toxoid Booster within the last ten years.

Date of Booster- \_\_\_\_\_

\*\*\*Influenza/Seasonal Flu immunization (required annually, during flu season, Sept-March or April.

I authorize release either verbally or in writing, the information contained in the health records to Parker University and its Clinical Affiliates.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date