

IMMUNIZATION RECORD

PLEASE KEEP A COPY OF THIS FORM FOR YOUR OWN RECORDS

You may use official documentation signed by a licensed health care provider, instead of this form.

DUE July 26, 2024

Name: _____
(Last) (First) (Middle)

Birth Date: (M/D/Y) ____/____/____

THE FOLLOWING IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A LICENSED HEALTH CARE PROVIDER. ALL RECORDS MUST BE IN CHINESE OR ENGLISH. Dates must include month, day, and year.

REQUIRED:

-Measles, Mumps, Rubella: 2 doses of MMR or 2 doses of Measles and one dose each of Rubella and Mumps.

Highly recommended: Tetanus and Pertussis within the last ten years, and Varicella (if you have not had Chicken Pox).

A. MMR (Measles, Mumps, Rubella)

1. Dose 1 Date: ____/____/____
Month Day Year
2. Dose 2 Date: ____/____/____
Month Day Year

B. MEASLES

1. Positive titer (Attach results) Date: ____/____/____
2. Immunized with **LIVE** measles vaccine (If given instead of MMR)
- Dose 1 Date ____/____/____
- Dose 2 Date ____/____/____

C. RUBELLA

1. Positive titer (Attach results) Date: ____/____/____
2. Immunized with vaccine at 12 months of age or later (If given instead of MMR) Date: ____/____/____

D. MUMPS

1. Positive titer (Attach results) Date: ____/____/____
2. Immunized with vaccine at 12 months of age or later (If given instead of MMR) Date: ____/____/____

This form **MUST** be signed by a licensed health care provider; license number *must* be indicated after practitioner signature. **Forms without signatures and license numbers will not be approved.**

Please also use practice chop if available. This form may not be signed by a parent doctor.

LICENSED HEALTH CARE PROVIDER INFORMATION: *Chop*

NAME AND LICENSE NUMBER:

ADDRESS: PRINT CLEARLY License #

City State Zip Country

Telephone: (____) _____

SIGNATURE: _____ Date: _____

THIS COMPLETED FORM MUST BE SUBMITTED NO LATER THAN JULY 26, 2024

Submit this form to OSD@tianjinjuilliard.edu.cn

You will not be able to register for classes until this information is completed and approved.