Penn Medicine Immunization & TB Screening Record

Please print clearly

Patient Name: (Last, First, M.I.)		**Today's Date:**	
Department: Volunteer Services		**Date of Birth:**	

Work Location (circle one): HUP Perelman Center Other Off-Site

All the information above must be completed in order to process this form.
If you have any questions, contact Volunteer Services at 215-662-2576
This form must be signed by your healthcare provider, or alternatively you can attach your immunization and TB screening records.

Measles (Rubeola), Mumps, & Rubella

Immunizations & Dates: Please check all that apply & date	☐ Positive Titers	☐ MMR Vaccine	☐ Measles Vaccine	☐ Mumps Vaccine	☐ Rubella Vaccine
	Measles Date:_____	Date #1:_____	Date #1:_____	Date #1:_____	Date:_____
	Mumps Date:_____	Date #2:_____	Date #2:_____	Date #2:_____	n/a
	Rubella Date:_____	Other Information:			

Varicella (Chicken Pox)

Immunizations & Dates: Please check all that apply & date	☐ ELISA Titer	☐ Varicella Vaccine	☐ Shingles Vaccine
	Date:_____	Date #1:_____	Date:_____
	Results:_____	Date #2:_____	n/a
	Other Information:		

Immunizations & Dates: Please check all that apply & date	**Hepatitis B**		**Tdap**	**Influenza**
	☐ Hepatitis B Surface Antibody Titer	☐ Hepatitis B Vaccine	☐ Tdap Vaccine	☐ Influenza Vaccine
	Date:_____	Date #1:_____	Date:_____	Date:_____
	Results:_____	Date #2:_____	Other Information:	Other Information:
	Other Information:	Date #3:_____		

TB Screening

Tests & Dates: Please check all that apply & date	☐ Negative PPD	☐ Negative Quantiferon Gold	☐ Negative T-Spot	☐ Chest X-Ray
	Date Administered: _____	Date:_____ *Must be within three months of start date*	Date:_____ *Must be within three months of start date*	Date:_____ *Must be within six months of start date if prior positive test*
	Date Read: _____ *Must be within one month of start date*			*Only needed if positive PPD, QG or T-Spot*
	Other Information:			

Healthcare Provider Name (please print):	
Healthcare Provider Signature:	
Healthcare Provider License #:	
Date:	

Return completed form to college.volunteer@uphs.upenn.edu or fax to (215) 614-0465