

ATHLETIC TRAINING IMMUNIZATION RECORD

Name _____

Date of Birth _____

Enter the MONTH, Day and YEAR for all vaccines. DO NOT USE (✓) or (✗).

Please realize that not all the vaccines listed are required for admission to the University or the Athletic Training major.

Type of Vaccine	1 st dose Mo/Day/Yr	2 nd dose Mo/Day/Yr	3 rd dose Mo/Day/Yr	4 th dose Mo/Day/Yr	5 th dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, TD)					
Tetanus Booster					
Polio					
Measles, Mumps, and Rubella (MMR)					
Measles					
Mumps					
Rubella					
Hepatitis B (Hep B)					
Hepatitis A					
Meningococcal					
TB (Mantoux) Skin Test					