Junior Volunteer Immunization Review Form

You must provide official documentation of the immunizations listed below. Use this form as your checklist.

Required Immunizations and Screenings:

_____ (2) MEASLES, MUMPS AND RUBELLA (MMR)

_____ (2) CHICKEN POX (VARICELLA): one month apart or positive serology (VZAB blood test) or documentation of Licensed Practitioner diagnosis of chicken pox

_____ TETANUS/DIPHTHERIA (Td)

_____ TETANUS/DIPHTHERIA, ACELLULAR PERTUSSIS (Tdap)

_____ (2) TUBERCULOSIS SKIN TESTS (TST) (within 12 months of each other) or a NEGATIVE IGRA TEST (less than a year old)