

Student name: _____

TB testing results and Immunizations

TB Testing		
Baseline PPD (2-Step) or IGRA blood test	PPD #1 Date & Result:	PPD # 2 Date & Result:
	IGRA Blood test date & result:	
Immunizations		
Tdap (Every 10 years) date:		
MMR #1 Date:	MMR #2 Date:	MMR Titer date & result:
**Varicella #1 Date:	Varicella #2 Date:	Varicella titer date & result:
Influenza immunization Date:	***COVID-19 vaccine	