

Name: _____ ACC ID#: _____

Program: _____ Date of Birth: _____

Hepatitis B must show proof of:	
A. The minimum interval between the first two doses is 4 weeks, and the minimum interval between the second and third doses is 8 weeks. However, the first and third doses should be separated by no less than 16 weeks. It is not necessary to restart the series or add doses because of an extended interval between doses. OR	Date #1 _____ (mm/dd/yy) Date #2 _____ (mm/dd/yy) Date #3 _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis B antibody ***See note.	Date _____ Result _____ (mm/dd/yy)

Varicella* must show proof of:	
A. Two doses of Varicella vaccine administered 4-8 weeks apart**** OR	Date #1 _____ Date #2 _____ (mm/dd/yy) (mm/dd/yy)
B. Serologic test positive for Varicella antibody OR ***See note.	Date _____ Results _____ (mm/dd/yy)
C. Physician documented history or diagnosis of Varicella ***See note.	Date Disease Occurred _____ (mm/dd/yy) Documented history after September 1, 1991 must have a month, day and year.
****Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13).	

Diphtheria, Tetanus (Td): One dose within past 10 years at the time of application	Date _____ (mm/dd/yy)
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Physician or Approved Licensed Health Professional Information:	
Printed Name _____	
Address _____	
Signature of Primary Care Provider%	Date _____

% Validates all information above.

Date of signature must be after last immunization or additional immunizations must be signed and dated separately.