

Taipei Medical University Healthcare System

Immunization Record

Student Name: _____

Department: _____

	Morbidity history	Results of antibody titer			Date of vaccination	Notes
		positive	negative	boundary		
		(method)				
HBsAb						HBsAg negative
HCVab						
Rubella						
Measles						
Mumps						
Varicella						
Result of tuberculin test:						
Date of result		Result (Double flare)				
Family Physician:						
Clinical Evaluation or Comments						
Family Physician		Signature: _____ Name: _____ Date: _____				