

Name: _____

Boise State University Athletic Training Program Immunization Requirements

Instructions:

1. All of the following immunizations or titers are required for admission into the ATP
2. Provide date and name of the provider where vaccination or test was performed
3. You must provide a copy of doctor or healthcare provider record(s) for the following vaccinations or titers in addition to completing this form yourself.
4. This form is in compliance with the requirements of affiliated healthcare facilities associated with the BSU ATP.

Vaccination or Titer	#	Date Given	Dr. office or clinic name
Tuberculosis / PPD skin test - if positive provide further information			
Measles, Mumps, Rubella (MMR) (titer must be positive for Rubella and Rubeola)	1		
	2		
Varicella (chicken pox) ○ Had disease (check and provide date MM/YY)			
Hepatitis B	1		
	2		
	3		