



SCOTT KEY CENTER
HELPING SHAPE FUTURES

Past Immunization Record

Name: _____ Date: _____

Vaccine	Date	Vaccine	Date	Vaccine	Date
DPT		OPV		Measles	
DPT		OPV		Rubella	
DPT		OPV		Mumps	
DPT		OPV		HB Vaccine	

TD	Date

Date	Chest X-Ray Results

PPD	Date

Vaccine: (other vaccines such as Influenza, Pneumonia, Varicella, etc.)	Date

Note: If the employee has had a positive PPD (skin test for Tuberculosis) a chest x-ray is required every five years after two negative films in two consecutive years.