



## Health Information Report

**Completed Health Information Report must be received a minimum of 4 weeks prior to your experience.**

Name (first, MI, last) \_\_\_\_\_ Date of birth \_\_\_\_\_

**Attach documented proof of immunization records (Wisconsin Immunization Record [WIR], or Regional Early Childhood Immunization Network [RECIN]) OR have health care provider sign below verifying information. Must provide medical documentation of vaccination or titer OR disease history OR combination for each of the following:**

Required Information	2 Immunization Dates			Titer Date	Result*
Measles (Rubeola)					
Mumps					
Rubella					
Varicella (Chicken pox)					
Required Information	3 Immunization Dates			Titer Date	Result*
Hepatitis B					
Required Information	Initial Date	Secondary Date	Booster Date	Name of Vaccine	
COVID-19 Vaccination					
Required Information	1 Immunization Date				
Tdap (received in May 2005 or later)					
Annual influenza vaccine (current season)					

\*If titer results are equivocal, non-reactive/non-immune, re-immunization information must be provided.

**Must provide TB status within the last 12 months either by PPD OR IGRA test OR negative chest x-ray.**

<p><b>Option 1</b></p> <p>Must provide two PPD (TB skin test) results:</p> <ul style="list-style-type: none"> <li>– One within the last 12 months</li> <li>– One from the previous year (no more than 12 months prior to the above result)</li> </ul> <p>If you have never received this test or it has been more than 12 months since your last test, you will need to have a 2-step PPD.</p>	<p><b>PPD (TB skin test)</b></p> <p>Date placed ____ / ____ / ____      Date placed ____ / ____ / ____</p> <p>Date read ____ / ____ / ____      Date read ____ / ____ / ____</p> <p>Result _____ mm      Result _____ mm</p>
<p><b>Option 2</b></p> <p>If you have received a positive PPD result, you must provide the following:</p> <ul style="list-style-type: none"> <li>– Positive PPD date and result including mm induration</li> <li>– Copy of chest x-ray including the date of x-ray from within the last 12 months for first-time students</li> <li>– Annual TB questionnaire from within the last 12 months (obtained from your health care provider)</li> </ul>	<p><b>Positive PPD (TB skin test)</b></p> <p>Date placed ____ / ____ / ____      Date taken ____ / ____ / ____</p> <p>Date read ____ / ____ / ____      Result _____</p> <p>Result _____ mm      Attach a copy of chest x-ray results and TB questionnaire from within the last 12 months.</p>
<p><b>Option 3</b></p> <p>Results of IGRA test can be submitted in place of the 2-step PPD. This test will require a blood draw.</p>	<p><b>IGRA TB test</b></p> <p>Date IGRA TB test taken ____ / ____ / ____</p> <p>Result _____</p>

**Attach documented proof of immunization records (WIR or RECIN) and titers (lab results) OR have health care provider sign below verifying above information.**

Health care provider signature \_\_\_\_\_ PRINT health care provider name \_\_\_\_\_ Health care provider address/phone \_\_\_\_\_

**Questions, call 1-800-541-2895. Forward the immunization records and titers (and/or additional supporting documentation) by using one of the following routes:**

**Fax information to 715-847-3811**

**Email information to [studentprograms@marshfieldclinic.org](mailto:studentprograms@marshfieldclinic.org)**

**Mail information to: Central District** – Student Programs – 2R6, 1000 North Oak Avenue, Marshfield, WI 54449

**East District** – Student Programs – WAU, 2727 Plaza Drive, Wausau, WI 54401

**North District** – Student Programs, P.O. Box 1390, Minocqua, WI 54548

**Northwest District** – Student Programs, 1700 West Stout Street, Rice Lake, WI 54868

**West District** – Student Programs, 2116 Craig Road, Eau Claire, WI 54701