PROOF OF IMMUNIZATION FORM

For student:

STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (MM/DD/YY)
		/ /

Check ONE of the following options:

☐ **I will submit a copy of the student's most recent immunization record.**

If you do not have a copy, you can probably obtain one through your school or healthcare provider. Immunization records can sometimes be found on academic transcripts or on online web accounts for students.

If the student's name and date of birth is clearly legible on your submitted copy, you do not need to include this page.

OR

☐ **I will provide immunization information on the form below.**

Immunization record (complete only if NOT providing a separate copy)

Vaccine	Date each dose was given (mm/dd/yy)				
	1st	**2nd**	**3rd**	**4th**	**5th**
Polio POV or IPV	/ /	/ /	/ /	/ /	/ /
Diptheria, tetanus, pertussis DTaP, DPT, DT	/ /	/ /	/ /	/ /	/ /
SARS-CoV-2 (COVID-19)	/ /	/ /	/ /		
Measles	/ /	/ /	} If the student received a combined vaccine—such as measles and rubella (MR) or measles, mumps and rubella (MMR)—enter the same date in each appropriate box.		
Mumps	/ /	/ /			
Rubella	/ /	/ /			
Chickenpox Varicella	/ /	/ /			
Tuberculosis skin test Most recent test only	/ /	Induration _____ mm	Impression ☐ POSITIVE ☐ NEGATIVE	X-ray date (if pos) / /	Impression 2 ☐ POSITIVE ☐ NEGATIVE

By signing, I attest that I have provided this student's immunization record as completely and accurately as possible.

YOUR NAME	RELATION TO STUDENT
SIGNATURE	DATE / /

Submit this form or a copy of your immunization records:

BY MAIL

Mail to:

University of California, Berkeley
Academic Talent Development Program
Berkeley School of Education
2121 Berkeley Way, Room 2210
Berkeley, CA 94720-1670

BY FAX

Fax to:

510-642-0510

Don't have a fax machine? There are many free online fax services that allow you to submit a legible PDF, such as faxzero.com.

Can't I email it? To help protect the privacy of your student's medical records, we advise submitting your immunization records via hard copy only.