

OBSERVER IMMUNIZATION RECORD CERTIFICATE OF COMPLIANCE

Observer/Learner Information

Name:		Date of Birth:		Email Address:	
				Phone Number:	
Address:					
	<i>Address</i>			<i>City, State, Zip</i>	

I, the above named observer, attest to being able to produce my medical record containing the required immunization upon request.

Please check the appropriate box for each immunization below. Information provided must be based on medical records and not history only.

Vaccinations Required and Descriptions	Check Appropriate Box	
A. Tetanus-Diphtheria-Pertussis (Tdap) <i>Received tetanus-diphtheria-pertussis (Tdap) booster within the last 10 years. Td is not acceptable</i>		
B. M.M.R. (Measles, Mumps, Rubella) (please document each dose) <i>Serologic proof of immunity for each component; OR Immunized twice at 12 months or after</i>		Serologic proof of immunity for each component Immunized twice at 12 months or after
OR INDIVIDUAL VACCINATIONS IN C, D and E below		
C. Measles (Rubeola) – If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR Immunized with live virus, twice</i>		Serologic proof of immunity Immunized with live virus, twice
A. Rubella – If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR One dose of vaccine on or after 1st birthday</i>		Serologic proof of immunity One dose of vaccine on or after 1st birthday
E. Mumps - If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR One dose of vaccine on or after 1st birthday</i>		Serologic proof of immunity One dose of vaccine on or after 1st birthday
F. Varicella (Chickenpox) Check appropriate item: <i>Serologic proof of immunity; OR Immunization (2 doses)</i>		Serologic proof of immunity Immunization (2 doses)
G. Tuberculosis <i>PPD (Mantoux) test or IGRA blood test within 1 year prior to your start date. (Tine/Monovac not acceptable). If test is positive, chest x-ray is needed within 1 year prior to your start date</i>		
H. Hepatitis B – Check box only if all 3 shots have been confirmed as administered <i>Serologic proof of immunity; OR Immunization (3 doses at appropriate intervals)</i>		Serologic proof of immunity Immunization (3 doses at appropriate intervals)
I. Influenza Vaccine <i>Must have flu vaccination proof during the period between September 1st – April 1st</i>		
J. COVID Vaccine <i>Must have COVID vaccination proof of initial series and appropriate boosters</i>		

Once completed, it is the responsibility of the initiating department to adhere to all BCM and affiliate institution policies and procedures for outside observers. Please refer to the BCM Policies and Procedures Manual to review the Observers and Observership Policy.