



Murray State University  
School of Nursing &  
Health Professions

Provide copies of official records (with facility name/healthcare provider/date of results/patient name/date of birth) for the following vaccinations, tests, or titers:

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Varicella \_\_\_\_\_ or Varicella Titer: Date Results

(Student with a history of Chicken Pox will need Varicella titer)

Hepatitis B \_\_\_\_\_

Polio \_\_\_\_\_

COVID – 19 Vaccine (date and manufacturer): \_\_\_\_\_

(or Proof of Exemption)

Tdap (within 10 years) \_\_\_\_\_

Two step TST results or BAMT Result \_\_\_\_\_

TB: \_\_\_\_\_  
Date Results

TB: \_\_\_\_\_  
Date Results