

New Mexico Military Institute
IMMUNIZATION RECORD

Applicant's Name _____ **Date of Birth** _____

The following immunizations are required, recommended, or suggested for cadets enrolled at NMMI. This form must be completed and signed by the applicant's physician.

1. **Varicella** Immunization – 1st shot ___/___/___
 2nd shot ___/___/___
 Or dated titer test ___/___/___
2. **Diphtheria-Tetanus-Pertussis:** (Required)
 Date completed first 4 shots ___/___/___
 Date last booster shot ___/___/___
3. **Poliomyelitis:** (Required)
 Date completed first 3 shots ___/___/___
 Date last booster shot ___/___/___
4. **Measles-Mumps-Rubella MMR:** (Required)
 Date of 1st shot ___/___/___
 Date of 2nd shot ___/___/___
5. **Hepatitis B:** (Required)
 Date of 1st shot ___/___/___
 Date of 2nd shot ___/___/___
 Date of 3rd shot ___/___/___
6. **Tdap** tetanus ___/___/___
7. **Tuberculin Test PPD:** (Required only for applicants who live overseas/outside country)
 Date of test ___/___/___
 Negative ____ Positive ____
 Chest XRAY if positive _____
 Treatment if any _____
8. **Meningococcal Vaccine** (Recommended) ___/___/___

Physician's Signature

Printed Name

City, State, Zip

Date