

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