



Manila Central University

College of Medicine

EDSA, Caloocan City 1400, Metro Manila, Philippines

www.mcu.edu.ph

Medical Elective Program

Student Immunization and Blood Test Record

NAME: _____

MEDICAL SCHOOL: _____

	DATE	RESULTS
HEPATITIS B SURFACE ANTIGEN		
HEPATITIS C ANTIBODY		
H.I.V. ANTIBODY		

(Please also provide a copy of your certificate for the above.)

TUBERCULIN SKIN/HEAF TEST	DATE:	RESULTS:
---------------------------	-------	----------

THE ABOVE MUST BE DATED WITHIN 1 YEAR OF THE START OF THE ELECTIVE ATTACHMENT

CHEST X-RAY IF POSITIVE TB OR BCG	DATE:	RESULTS:
-----------------------------------	-------	----------

***Please check the item if applicable	YES	NO	DATE
DIPHTHERIA/TETANUS			
<i>Booster</i>			
POLIO			
<i>Sub (Salk)</i>			
<i>Oral (Sabin)</i>			
<i>Booster</i>			

THE ABOVE MUST BE DATED WITHIN 10 YEAR OF THE START OF THE ELECTIVE ATTACHMENT

***Please check the item if applicable	YES	NO	DATE
VARICELLA/CHICKENPOX			
<i>Booster</i>			
<i>Illness</i>			
<i>Vaccination</i>			
<i>Titer</i>			
MEASLES			
<i>Illness</i>			
<i>Vaccination</i>			
<i>Titre</i>			
RUBELLA			
<i>Illness</i>			
<i>Vaccination</i>			
<i>Titre</i>			
MUMPS			
<i>Illness</i>			
<i>Vaccination</i>			
<i>Titre</i>			

COMMENTS:

Official Stamp/Seal
Of Health Institution

(SIGNATURE)
Health Service Official

(SIGNATURE)
Medical School/
Faculty Official

NAME IN BLOCK CAPITALS

NAME IN BLOCK CAPITALS