

Health History Examination and Immunization Record – REQUIRED Addendum

SPECIFIC REQUIREMENTS for Dietetic Interns prior to beginning your Supervised Practice experiences.

- 1. Rubella Titer _____
Month/Year
- 2. Rubeola Titer _____
Month/Year
- 3. Mumps Titer _____
Month/Year
- 4. Varicella Titer..... _____
Month/Year

A copy of the laboratory report MUST BE submitted to Health Services.

If not immune, must be vaccinated _____
Month/Year