



**MA APPRENTICE  
IMMUNIZATION HISTORY**

Prior to your appointment with Employee Health, please send proof of the following vaccines or titers to [employeehealth@yorkhospital.com](mailto:employeehealth@yorkhospital.com).

IMMUNIZATIONS	
<b>MMR</b>	<i>Mumps, Measles &amp; Rubella (MMR):</i> proof of (2) vaccines with dates or positive titer status through blood testing.
	MMR DOSE 1
	MMR DOSE 2
	MEASLES TITER
	MUMPS TITER
	RUBELLA TITER
<b>VARICELLA</b>	<i>Varicella (Chicken Pox):</i> proof of (2) vaccines with dates or positive titer status through blood testing.
	VARICELLA DOSE 1
	VARICELLA DOSE 2
	VARICELLA TITER
<b>HEPATITIS B</b>	<i>Hepatitis B:</i> proof of (3) vaccines with dates or positive titer status through blood testing.
	HEPATITIS B SERIES DOSE 1
	HEPATITIS B SERIES DOSE 2
	HEPATITIS B SERIES DOSE 3
	HEPATITIS B TITER
<b>TDAP</b>	<i>Tdap (Tetanus):</i> proof of vaccine within the last 10 years.
<b>INFLUENZA</b>	<i>Influenza:</i> proof of vaccine - annually during flu season (September 1 – March 31).
<b>COVID</b>	<input type="checkbox"/> YES - If yes, please include vaccine(s) information <input type="checkbox"/> NO

If you are unable to obtain your immunization records from your provider’s office, school, or current employer’s occupational health department, please contact the Employee Health Department at [employeehealth@yorkhospital.com](mailto:employeehealth@yorkhospital.com) or at 207-361-6173 to discuss prior to your Employee Health appointment.