

**Eastern Michigan University**  
**School of Health Promotion and Human Performance**  
**Athletic Training Program**

Name\_\_\_\_\_

Address\_\_\_\_\_

Email Address\_\_\_\_\_ Phone number\_\_\_\_\_

<b>Immunization</b>	<b>Date of vaccination</b>
HBV	
Tuberculosis skin test [PPD negative]	
MMR	
Td (tetanus/diphtheria and or Tdap within the last 10 years)	
Varicella (chicken pox vaccine or history of the disease)	

**Name of Physician**\_\_\_\_\_ **Phone number**\_\_\_\_\_

**Signature of Physician**\_\_\_\_\_ **Date**\_\_\_\_\_