LOGO

A Facsimile From

o: Medical Affairs (Immunology/Medical Record Review) MA Fax Numbers: 123) 456-7890 or (123) 456-7891 Email:	Name: PHS#: Phone#: Email: Date:	
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RE: Immunization documentation

Number of Pages (including the cover sheet)

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- PPD(TB) Or Chest X-Ray (CXR) Report For Positive TB Test
- Tetanus
- Chickenpox(Varicella) Or Positive Titer (Lab Results)
- Hepatitis A Or Positive Titer (Lab Results)
- Hepatitis B Or Positive Titer (Lab Results)
- MMR Or Positive Titer (Lab Results For Measles/Rubeola, Mumps, And Rubella)
- Influenza

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