



*Let's Grow Together*

## Communicable Disease Record

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please check appropriate columns:

Disease	I have had the disease				I have had the immunization			
	Yes	No	Unknown	When	Yes	No	Unknown	When
Chickenpox – vermicelli								
Measles – rubella (5 day red measles)								
Rubella (3 day measles, “German”)								
Mumps								
Hepatitis – A (Infectious Hepatitis)								
Hepatitis – B (Serum Hepatitis)								
Hepatitis (Type Unknown)								
Tuberculosis-Pulmonary (Positive PPD Skin Test)								
Tuberculosis-Pulmonary (Active Infection)								
Polio								
Tetanus (Booster)								
Diphtheria-Pertussis-Tetanus								

If you have had pulmonary tuberculosis, please note whether you had preventative therapy:

Type of Medication:	
Length of Time Medication Taken:	