



Berks Deaf & Hard of Hearing Services

2045 Centre Avenue, Reading PA 19605

www.bdhhs.org

SIGN LANGUAGE AGENCY IMMUNIZATION CHECKLIST

All information on this form must be completed in full with all required documentation attached.

This document must be returned to BDHHS to be kept in your personnel file.

Interpreter Name: _____

Phone Number: _____

Immunization Checklist:

- Varicella IgG titer, or evidence of two doses of Varicella vaccine
- Immunization to (a) Measles, (b) Mumps, and (c) Rubella (MMR)
- Evidence of Tetanus with Pertussis administered no earlier than (10) ten years prior to the providing services
- PPD/TST (TB) completed in the past 12 months
- Hepatitis B or signed declination
- Evidence of current influenza vaccine (during October-March)

| Date Completed | Renewal Date |
|----------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Interpreter Signature: _____

Date Completed: _____