

OKLAHOMA DEPARTMENT OF CORRECTIONS
Tuberculosis & Immunization History Record

Type	Manufactures Lot Number	Date Admin.	Signature/title of person administering PPD	Circle Skin Test Site	Date Read	Size in MM	Signature/title of person reading PPD
PPD				LFA RFA			
BOOSTER				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			
PPD				LFA RFA			

Type	Manufactures Lot Number	Date Admin.	Signature/title of person administering	Type	Manufactures Lot Number	Date Admin.	Signature/title Of person administering
Influenza				Td			
Influenza				Td			
Influenza				Td			
Influenza				Td			
Influenza							
Influenza							
Pneumococcal							
Pneumococcal							
Hepatitis B Vaccine 1							
Hepatitis B Vaccine 2							
Hepatitis B Vaccine 3				DNA	Date:		Facility:

Name (Last, First) **ODOC Number**
