



Immunization Fax Coversheet

To: Medical Affairs Branch
(Immunology Data/Medical Record Review)
MAB Fax Number: 301-427-3433

A facsimile from

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RE: Immunization documentation

Number of Pages ____ (including the cover sheet)

Comments: (Circle the immunization(s) you are faxing to MAB)

- 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
- COMMENTS:

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