

# Funeral Service Programs – Immunization Assessment Form



Name: \_\_\_\_\_ MRU Student ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Gender \_\_\_\_\_

MRU Email: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
(with Postal Code)

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## Embalming Practicum Immunization Requirements

### Hepatitis B

Please provide documented proof of having received the Hep B series. The series is comprised of 3 vaccine doses and can take 6 months to complete. Please fill in documented dates of vaccines received.

Hep B #1 \_\_\_\_\_ (month/day/year)

Hep B #2 \_\_\_\_\_ (month/day/year)

Hep B #3 \_\_\_\_\_ (month/day/year)

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### Tetanus/Diphtheria

Please provide documented proof of a completed Primary Series for Tetanus/Diphtheria (Td) – 3 doses.

Primary Series Completed: Yes \_\_\_ No \_\_\_

Date of last dose of Td: \_\_\_\_\_ (month/day/year)

If you do not have documented proof of having received the series, you will be required to take the Td series. The Td series is comprised of 3 separate vaccines over a 7 month period. The initial vaccine is followed by the 2<sup>nd</sup> vaccine 1 month later and the 3<sup>rd</sup> vaccine is administered 6 months after the 2<sup>nd</sup> vaccine.

Td #1 \_\_\_\_\_ (month/day/year)

Td #2 \_\_\_\_\_ (month/day/year)

Td #3 \_\_\_\_\_ (month/day/year)

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For Office Use Only

Date Received \_\_\_\_\_

MRU Health Services