



**Immunization Fax Coversheet**

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

# A facsimile from

**Name:** \_\_\_\_\_  
**PHS#:** \_\_\_\_\_  
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**Date:** \_\_\_\_\_

- *Do not call MAB to verify receipt of fax.*
- *Save your fax confirmation sheet for your record.*

## 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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