



Immunization Fax Coversheet

A facsimile from

**To: Medical Affairs
(Immunology/Medical Record Review)**

**MA Fax Numbers:
(301) 480-0373 or (301) 480-0385**

Email: PHScimmunizations@hhs.gov

Name: _____

PHS#: _____

Phone#: _____

Email: _____

Date: _____

- *Do not call MA to verify receipt of fax.*
- *Save your fax confirmation sheet for your record.*
- *For Immunization related inquiries email: PHScimmunizations@hhs.gov*

RE: Immunization documentation

Number of Pages _____ (including the cover sheet)

(Circle the immunization(s) you are faxing to MA)

- 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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