

IMMUNIZATIONS & PROOF OF IMMUNITY

Updated 5/15/2023



ALL STUDENTS MUST FILE PROOF OF IMMUNIZATIONS WITH THE STUDENT WELLNESS SERVICES, PRIOR TO THE START OF THEIR FIRST QUARTER.

Instructions:

1. Have this form completed legibly in ENGLISH by a licensed medical professional **unrelated to the student**.
2. If the required immunizations have been documented on an official immunization record, a copy of the immunization record may be sent in lieu of a medical professional completing this form. Records that are not in ENGLISH, MUST be translated into ENGLISH.

A. Measles-Mumps-Rubella (MMR) vaccine - Two (2) doses required for student born after 1956. Please select one of the following:

- MMR vaccine 2-dose program initiated or completed
Vaccine Dates: Date of dose #1 _____ Date of dose #2 given at least 1 month after dose #1 _____
- Student has known immunity against measles, mumps & rubella by known immune antibody titer
(Copy of lab report required)
MMR surface antibody titer results: _____ Date of titer test: _____
Measles: Immune Not Immune Mumps: Immune Not Immune Rubella: Immune Not Immune

B. Hepatitis B vaccine - Three (3) doses required if the student has not yet turned 19 on the first day of his/her first quarter (optional but recommended for students 19 years of age and older). Please select one of the following:

- Hepatitis B vaccine 3-dose program initiated or completed
Vaccine Dates: Dose #1 _____ Dose #2 _____ Dose #3 _____
- Student has known immunity against the Hepatitis B virus by prior infection or by known immune antibody titer
(Copy of lab report required)
Hepatitis B surface antibody titer result: Immune Not Immune Date of titer test: _____
- Student is a known chronic carrier of Hepatitis B therefore vaccine is not indicated

C. Tetanus-Diphtheria-Pertussis (Tdap) vaccine booster

Dose received within the last ten (10) years

Date vaccine given: _____

E. Meningococcal Conjugate (Men-ACWY) Vaccine (required for all dorm students, recommended for commuters) One (1) dose

This vaccine is strongly recommended for commuter students, and REQUIRED for students who will be residing on campus.

Date vaccine given: _____

MEDICAL PROFESSIONAL CERTIFICATION REQUIRED

Name _____ Professional Title _____ License No. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Signature indicates that all information on this page is true and accurate, to the best knowledge of the responsible medical professional

Signature

Date