

## IMMUNIZATION RECORD\*\*

\*\*This form is required for ALL students both graduate and undergraduate aged 30 years or younger and any student living in campus-sponsored housing regardless of date of birth

Student's Last Name	First Name	Middle Initial	ID#
Street Address		Telephone	
City	State	Country	Zip Code
	/ /		M <input type="checkbox"/> F <input type="checkbox"/>
First Enrolled (Mo/Yr)	Date of Birth	Gender	

### MEASLES, MUMPS, RUBELLA (MMR) VACCINE

**TWO (2) MMR Vaccines required**

**FIRST MMR** date   
On /after first birthday)

**SECOND MMR** date   
2<sup>nd</sup> shot must be at least 30 days after 1<sup>st</sup> shot

OPTION: Submit blood titers for Measles, Mumps and Rubella. *\*Blood Titers must be accompanied by a lab report indicating a numerical value for the titer level and a reference range.*

**BLOOD TITERS\*** date  \*please attach lab report

### HEPATITIS B Vaccine: REQUIRED IF TAKING 9 OR MORE CREDITS

**Three (3) Hepatitis B Vaccines required**

**Hepatitis B:**

Date #1

Date #2

Date #3

OPTION: Submit blood titer for Hepatitis B Surface Antibody

**BLOOD TITER\*** date  \*please attach lab report

### MENINGITIS (MenACWY) Vaccine: Menactra/Menveo

- ALL NEW STUDENTS  $\leq 18$  years (both commuter and residential)
- ANY STUDENT REGARDLESS OF AGE, LIVING IN CAMPUS-SPONSORED HOUSING

**MENINGITIS VACCINE:** Date 1st dose at 11-12yrs  \*Date 2<sup>nd</sup> dose on/after 16 yrs   
Required

### **TB TESTING** REQUIRED FOR INTERNATIONAL STUDENTS ONLY

**MANTOUX (PPD):** Must be done within 6 months prior to arrival on campus.

Date Placed  Date Read  \*Results

\*Positive test results require proof of Chest X-ray.

\*Indicate mm of induration

### **RECOMMENDED VACCINES: STRONGLY RECOMMENDED BUT NOT REQUIRED**

**Tdap:**  **Meningitis B:**    2 dose or 3 dose series  
(CIRCLE ONE)

Physician Signature/Stamp: \_\_\_\_\_