

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	

PART A: MEASLES, MUMPS, RUBELLA IMMUNIZATION:

FIRST MMR date
 On /after first birthday)

SECOND MMR date
 2nd shot must be at least 30 days after 1st shot

PART B: (To be filled out ONLY if you have not filled out PART A)

MEASLES #1 date <input type="text"/> On/after 1 st birthday	MUMPS #1 date <input type="text"/> On/after 1 st birthday	RUBELLA date <input type="text"/> On/after 1 st birthday
MEASLES #2 date <input type="text"/> 30 days after 1 st shot	MUMPS #2 date <input type="text"/> 30 days after 1 st 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

PART C: HEPATITIS B REQUIRED IF TAKING 9 OR MORE CREDITS (fill in dates vaccines were given)

*Option: Submit blood titers for Hepatitis B surface antibody

Hepatitis B First Second Third

PART D: MENINGITIS REQUIRED FOR ALL STUDENTS LIVING IN CAMPUS-SPONSORED HOUSING

****One dose must be within 5 years of entry into campus-sponsored housing:**

	Initial	Booster
MENINGITIS VACCINE (MPSV4, MVC4)	<input type="text"/>	<input type="text"/>

PART E: 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

PART F: OTHER IMMUNIZATIONS STRONGLY RECOMMENDED BUT NOT REQUIRED

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

Physician Signature/Stamp: _____