

RESIDENT STUDENT IMMUNIZATION RECORD

This form is to be completed by a medical provider. A print-out of your immunization record from a patient portal of physicians office can be submitted in place of this form. Incoming students must complete the immunization requirements prior to arriving on campus. If you need assistance with getting immunizations, please contact your local health department or primary care physician. The Student Health Center does not provide immunizations.

Immunization exemption forms can be found on the student health website

****It is recommended to submit your actual immunization records in addition to or instead of this worksheet. PLEASE NOTE: If you submit this form alone as your proof of immunization history, it must be signed or stamped by your medical provider. If this form is submitted without a medical provider's signature or stamp, it will not be accepted.****

Last Name		First Name		Date of Birth
Student ID Number		Student Email Address		

REQUIRED	HEPATITIS B 3 DOSES REQUIRED	DOSE #1	DOSE #2	DOSE #3	OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT
	TDAP (Tetanus, Diphtheria, Pertussis) ONE-TIME DOSE AFTER AGE 10 (ADACEL OR BOSTRIX)	TDAP DATE		CIRCLE ONE : TDAP OR TD (IF TDAP IS GREATER THAN 10 YEARS)	LAST BOOSTER DATE
	VARICELLA (CHICKEN POX) 2 DOSES REQUIRE OR DATE OF ILLNESS	ILLNESS DATE	DOSE #1	DOSE #2	OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT
	MENINGOCOCCAL QUADRIVALENT (MCV4) DOSE SINCE AGE OF 16 I 21 OR YOUNGER LIVING IN CAMPUS HOUSING	DOSE 1	DOSE 2	LIST VACCINE NAME OR SEROGROUPS COVERED:	
	MMR 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. ADMINISTERED AFTER 1ST BIRTHDAY	DOSE #1	DOSE #2		
	-OR-				
	MEASLES (RUBEOLA) 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY	DOSE #1	DOSE #2	OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT	
	MUMPS 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY	DOSE #1	DOSE#2	OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT	
	RUBELLA (GERMAN MEASLES) 1 DOSE REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY	DOSE #1			OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT

RECOMMENDED	COVID-19 EXCEPTION FORM AVAILABLE	Original Series—please circle Pfizer Moderna J&J	DOSE 1	DOSE 2	BOOSTERS
	HEPATITIS A		DOSE #1	DOSE #2	
	HPV (HUMAN PAPILLOMAVIRUS) <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9		DOSE #1	DOSE #2	DOSE #3
	INFLUENZA YEARLY VACCINE		DATE OF LAST VACCINE		

INTERNATIONAL STUDENTS ONLY	POLIO *REQUIRED* 4-DOSE SERIES AT AGES 2, 4, 6–18 MONTHS, 4–6 YEARS	Dates RECEIVED		
	TUBERCULIN SKIN TEST *REQUIRED* WITHIN ONE YEAR (MANTOUX) OR CHEST X-RAY	PLANTED	READ	

PROVIDER INFO	**SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE**				
	PROVIDER NAME (PLEASE PRINT)			TITLE	
	ADDRESS	PHONE	PRACTICE NAME		
	SIGNATURE	DATE	CLINICAL OR ORGANIZATION STAMP		