

# Immunization Record

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**OFFICIAL IMMUNIZATION DOCUMENTATION FROM YOUR PRIMARY CARE PROVIDER CAN BE USED IN LIEU OF THIS FORM. INTERNATIONAL STUDENTS, PLEASE USE THIS FORM.**

College ID # \_\_\_\_\_ Student Cell Phone # (REQUIRED) \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Please Print) Last Name First Name MI

**REQUIRED**

- MEASLES, MUMPS, RUBELLA (MMR):** (MMR or MMRV) Two doses of MMR are required (dose #1 after first birthday and dose #2 at least one month after dose #1) or positive immune titers verifying immunity.  
**MMR Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ **OR Positive Titers** \_\_\_/\_\_\_/\_\_\_
- HEPATITIS B:** Three doses (dose one and two given four weeks apart and the third dose must be at least four months after the first dose); Two doses of Heplisav or positive/reactive immune titer verifying immunity.  
**Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ **Dose 3** \_\_\_/\_\_\_/\_\_\_ **OR Positive Titer** \_\_\_/\_\_\_/\_\_\_
- Tdap (TETANUS, DIPHTHERIA, PERTUSSIS):** Tdap \_\_\_/\_\_\_/\_\_\_\*  
 \*Tdap - One dose of Tdap is required in lifetime, not to be confused with childhood DTaP vaccine or Td (tetanus diphtheria only) vaccine.
- MENINGOCOCCAL VACCINE:** (Menactra, Menveo, MenQuadfi, or MCV4) **Date\*** \_\_\_/\_\_\_/\_\_\_  
 \*Required if under 22 years old. Immunization date must be within the last 5 years. If first dose prior to 16<sup>th</sup> birthday, booster dose is also required. Not to be confused with Meningococcal Serogroup B vaccine (Bexsero or Trumenba).
- VARICELLA:** (Varivax or MMRV) Two doses of varicella vaccine are required (dose #1 after first birthday and dose #2 at least one month after dose #1) or positive immune titer verifying immunity **or** medical provider's documented history of disease.  
**Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ **OR Positive titer** \_\_\_/\_\_\_/\_\_\_ **OR History of Disease** \_\_\_/\_\_\_/\_\_\_

**As medically appropriate:**

**RECOMMENDED**

- COVID-19: Please check one**  Moderna  Pfizer  Johnson & Johnson  Other \_\_\_\_\_  
**Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ (as applicable) **Booster** \_\_\_/\_\_\_/\_\_\_ **Booster** \_\_\_/\_\_\_/\_\_\_
- SEASONAL FLU (Influenza):** \_\_\_/\_\_\_/\_\_\_
- HEPATITIS A:** **Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_
- HUMAN PAPILLOMAVIRUS VACCINE (HPV or HPV-9 or Gardasil):**  
**Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ **Dose 3** \_\_\_/\_\_\_/\_\_\_
- MENINGOCOCCAL SEROGROUP B: \* Dose 1** \_\_\_/\_\_\_/\_\_\_ **Dose 2** \_\_\_/\_\_\_/\_\_\_ **Dose 3** \_\_\_/\_\_\_/\_\_\_  
 \*This is not the same as Meningococcal (MCV4). It is sometimes under the names Bexsero or Trumenba.
- TETANUS (TD): TD** \_\_\_/\_\_\_/\_\_\_ \*Td or Tdap booster is recommended every 10 years
- POLIO (date of most recent dose):** \_\_\_/\_\_\_/\_\_\_
- PNEUMOCOCCAL (date of most recent dose):** \_\_\_/\_\_\_/\_\_\_
- OTHER:** \_\_\_\_\_
- MEDICAL/ RELIGIOUS EXEMPTION (other than COVID-19):**  Yes \* *Exemption Certificate Required*

**Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please print)

**Signature and Title:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_