

Immunization Record

UPLOAD THIS FORM IN THE PATIENT PORTAL BY VISITING: HEALTH.URI.EDU



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YOU CAN SUBMIT IMMUNIZATION RECORD FROM YOUR PRIMARY CARE PROVIDER OR THIS FORM MAY BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

College ID # _____ Student Cell Phone # (REQUIRED) _____

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

FEMALE
 MALE

While Health Services recognizes a number of genders/sexes, many insurance companies and legal entities unfortunately do not. Please be aware that your legal name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronoun are different, please be sure to change it in e-Campus and the patient portal.

REQUIRED

- MEASLES, MUMPS, RUBELLA (MMR):** Two doses of MMR are required at least one month apart or positive immune titer verifying immunity.
 MMR Dose 1 ___/___/___ Dose 2 ___/___/___ OR Positive Titer ___/___/___
- 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) or positive 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:** (MCV4 or Menactra) Date* ___/___/___
 *Required if under 22 years old. Immunization date must be within the last 5 years. If first dose prior to 16th birthday, booster dose is also required. Not to be confused with Meningococcal Serogroup B vaccine (Bexsero or Trumenba).
- VARICELLA:** (Varivax) Two doses of varicella vaccine are required at least one month apart 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 ___/___/___

RECOMMENDED

As medically appropriate:

- COVID-19: Please check one Moderna Pfizer Johnson & Johnson Other _____
 Dose 1 ___/___/___ Dose 2 ___/___/___ (as applicable) 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) Spring 2023