

Immunizations

Please print or type

Name: _____
 Last First M.I. Preferred
 SSN: _____ Birthdate: _____ Gender: Male Female
 Citizenship: _____

IMMUNIZATION INFORMATION

All students are required to submit official documentation of:

- 2 MMR immunizations, and
- Either -
 2 Varicella immunizations, or
 information as to their having developed immunity due to contracting the Varicella virus (chickenpox).

Alternatively, documentation can be provided as to the foregoing being contraindicated by a medical condition documented by a physician's statement or a statement detailing contraindication due to religious beliefs.

Physicians may complete and sign this form, or written documentation may be provided showing proof of immunization (e.g. copy of immunization record).

IMMUNIZATION	REQUIRED	COMPLETED	DATE OF INJECTION (M/D/YR)	PHYSICIAN'S SIGNATURE
MMR (Measles/Mumps/Rubella)	Yes	Dose 1 ___ Yes ___ No	_____	_____
		2 Doses to Complete Dose 2 ___ Yes ___ No	_____	_____
Varicella (chickenpox)	Yes for Students born after 1979	___ Immune due to previous infection	_____	_____
		Else, 2 doses to complete	Dose 1 ___ Yes ___ No	_____
		Dose 2 ___ Yes ___ No	_____	_____
Hepatitis B	No – Recommended	Dose 1 ___ Yes ___ No	_____	_____
		3 Doses to Complete Dose 2 ___ Yes ___ No	_____	_____
		Dose 3 ___ Yes ___ No	_____	_____
<i>(If Hepatitis Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)</i>				
Bacterial Meningitis	No – Recommended	Dose 1 ___ Yes ___ No	_____	_____
<i>(If Meningococcal Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)</i>				