

Immunization Form

Name _____ Date of Birth _____
Last First M.I. MM/DD/YYYY

Current Address _____
Street Apt. # City State or Province Postal Code

Permanent Address _____
Street Apt. # City State or Province Postal Code

Two MMR immunizations are REQUIRED for admission. One Meningitis immunization is REQUIRED age 16+ for admission (Meningitis-B does not meet requirement). Most international students (except Canadians) who are from high burden countries must have current TB (Mantoux) test results completed upon arriving on campus. Please see our international website for which countries are considered a high burden.

Measles-Mumps-Rubella (MMR) Date of MMR #1 _____ AND Date of MMR#2 _____
(Must be given after first birthday) (Must be at least 28 days after first MMR)

OR

Date of TITRE

Date of Disease Per Physician Records

Measles
Mumps
Rubella

OR

Tetanus and Diphtheria Immunization _____

(Td)/Tdap (Tetanus, diphtheria and pertussis (most recent) (optional)

Tuberculosis (TB) test results (certified date) _____

*Required for international students

Meningitis Immunization Date of MCV4 _____

*All students ages 21 and under must provide documentation of immunity against meningococcal disease. Vaccination must be ON or AFTER 16th birthday.

(Please note: Meningitis-B does not meet this requirement.)

Signature of Physician or Authorized Health Representative

Date

Warning to Student: Students found forging signatures or providing other false information will be subject to disciplinary proceedings. Do not send original immunization records because all Student Health Services records are purged after seven years.

Immunization Exceptions:

1. All students born prior to Jan. 1 1957 are exempt from the MMR vaccine.
2. Medical exemptions. *I certify that it would be harmful to this student's health to be immunized against measles, mumps and rubella and/or Meningococcal (meningitis)* (Check one) Temporary _____ Permanent _____. If temporary, please indicate when it would be possible for the student to receive immunization.

Signature of Physician or Authorized Health Representative

Date

Optional conscientious exemption:

I hereby declare that immunization against measles, mumps, or rubella and/or Meningococcal (meningitis) is contrary to my conscientiously held beliefs.

Signature of Student

Date