

NAME (PRINT)

DATE OF BIRTH

PART B - IMMUNIZATION RECORDS: TO BE COMPLETED BY HEALTH CARE PROVIDER

Please note: all of the requirements below apply to ALL students full time, undergraduate, graduate and commuter unless noted otherwise.

This form must be completed and signed by a health care provider (physician, PA, CRNP) unless there is a copy of an official immunization record attached.

\*Required Immunizations:

MMR (Measles/Mumps/Rubella: Two doses First dose on or after 1 <sup>st</sup> birthday OR Lab immunity	Dose #1	Dose #2	
	Lab Immunity date		
Varicella: Vaccination OR Lab immunity	Dose #1	Dose #2	
	Lab Immunity date		
Meningitis: ACWY (within 5 years)	Date #1	Date #2	
Tdap: (within 10 years)	Date		

\*Please note that required vaccines must be completed prior to school sponsored international travel to high-risk areas.

Recommended:

**COVID-19 vaccination (Upload a copy of your Covid vaccination card into your health portal)	Dose #1 Moderna Pfizer Janssen ( J&J) Other	Dose #2 Moderna Pfizer Janssen ( J&J) Other	Booster Moderna Pfizer Janssen ( J&J) Other
Hepatitis B: Three doses OR Lab immunity	Dose #1  Lab Immunity date	Dose #2	Dose #3