



Student Health Services
Immunization/ Tuberculosis Screening Record

PART I

Name: Last, First, M.I. Telephone Number
Address: Street City State Zip
Date of Enrollment: M Y Date of Birth: M D Y School ID#
Status: Part-time Full-time Graduate Undergraduate

PART II: TO BE COMPLETED, STAMPED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. MMR (MEASLES, MUMPS, RUBELLA) (Required)

Two doses required at least 28 days apart for students born after 1956.

Dose 1 given at age 12 months or later. #1 M D Y

Dose 2 given at least 28 days after first dose. #2 M D Y

OR Positive antibody titer (blood test) lab report required.

B. MENINGOCOCCAL QUADRIVALENT (Required)

MenACWY or Conjugate 2 doses; 2nd dose to be given after age 16.

Dose #1 M D Y Dose #2 M D Y

MENINGOCOCCAL B (Bexero, Trumenba)(Recommended)

Date M D Y

C. TETANUS, DIPHTHERIA, PERTUSSIS (Required)

Must be within the last ten years and remain current throughout matriculation.

Date of most recent booster dose: M D Y

Type of booster: Td Tdap
Tdap booster recommended for ages 11-64 unless contraindicated

D. HEPATITIS B Series (Required)

a. Dose #1 M D Y b. Dose #2 M D Y c. Dose #3 M D Y

OR Hepatitis B titers: Date performed: M D Y Results: Lab report required

E. VARICELLA Vaccine (Required) Historical report not acceptable without titer

1st dose given at age 12 months or later.

a. Dose #1 M D Y b. Dose #2 M D Y

OR Positive titers: Date drawn: M D Y Results: Lab report required

F. COVID-19 Bivalent Vaccine (Required)

COVID-19 Bivalent: Choose vaccine name- Moderna Pfizer or other WHO approved vaccine

Date of Bivalent dose: M D Y

**Covid-19 EXEMPTION: In order to waive the COVID-19 vaccine requirement you must download the waiver form linked on the login page of Point and Click Patient Portal and attach to this document.

