IMMUNIZATION RECORD

If the immunization requirements are not met, the student will NOT be permitted to obtain their residence hall key. Please record dates (month/day/year) below. Complete the Immunization Form on the health portal by inputting your vaccinating dates and uploading an image of document within the Immunization Form. Keep this form for your personal records.

Legal Name: _____**Preferred Name**_____ **Date of Birth:** _____

Required Immunizations	1st Dose	2nd Dose	3rd Dose	4th Dose
COVID-19 Primary Series Circle type: Pfizer (2 doses), Moderna (2 doses), J&J/ Janssen (1 dose)				
COVID-19 Booster Booster (circle type): Pfizer, Moderna, J&J/Janssen				
Hepatitis B 3 dose series is required. A blood test (titers) showing immunity is acceptable (upload lab result).				
MMR (Measles/Mumps/Rubella) Two doses required at least 28 days apart after 12 months of age. Or blood tests showing immunity is acceptable (upload lab report).				
Varicella (chicken pox) 2 doses required - **Immunization Dates**				
Or **History of having the disease on this date** Or a blood test (titer) showing immunity is acceptable (upload lab report).				
Meningitis Quadrivalent (Serogroup A,C,Y,W-135) Menactra, Menveo, or Menomune on or after age 16 years				
Tdap Booster (Tetanus/Diphtheria/Pertussis) within past 10 years & on or after age 10 years				
Tetanus, Diphtheria, Pertussis **Primary Series** 4 or 5 doses in childhood				If 5th dose:
Polio (OPV or IPV) Primary series of 3 or 4 doses in childhood				
Influenza Vaccine (due annually – to be received during Fall Semester by Dec 1)				

Other Vaccines (**recommended** but not required)	1st Dose	2nd Dose	3rd Dose
Hepatitis A			
HPV (Human Papilloma Virus Vaccine)			
Meningitis Serogroup B (circle type: Bexsero or Trumemba)			

I certify that to the best of my knowledge the information on the Immunization Record is true and complete.

Date: _____ Healthcare Provider Signature:_____

Healthcare Provider Name: _____

Address: _____

Telephone:_____ Fax: _____