

Immunization Record for Student Attending Postsecondary Schools

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. Most international students (except Canadians) must have current TB (Mantoux) test results completed upon arriving on campus.

Measles-Mumps-Rubella (MMR) Date of MMR #1 _____ AND Date of MMR#2 _____	
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 (certified date) _____ *Effective fall, 2012, newly admitted students ages 21 and younger residing in campus housing must provide documentation of immunity against meningococcal disease. All applicants for admission who will be 21 or younger in fall, 2012, are encouraged to provide information regarding any meningitis or meningococcal vaccinations such as: MCV4, MPSCA4, or Menactra.	
_____ <i>Signature of Physician or Authorized Health Representative</i> <i>Date</i>	
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:

- All students born prior to Jan. 1 1957 are exempt from the MMR vaccine.
- 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*