

Student Immunization Record

Part I – Student Information

Last name: _____ First name: _____ AUP ID: _____

Date of birth (month/day/year): _____ First semester of attendance: _____

Part II – Immunization Records

Ask your doctor or a health care provider to complete this section ensuring that dates respect the month/day/year format.

Measles, Mumps and Rubella (MMR)

MMR #1 Date of vaccine ____/____/____ (given after 12 months or first birthday)

MMR #2 Date of vaccine ____/____/____ (given at least 28 days after MMR #1)

If individual vaccines were received for measles, mumps and rubella, please complete the following:

Measles (Rubeola) Vaccine Date of vaccine #1 ____/____/____

Date of vaccine #2 ____/____/____

Rubella (German Measles) Vaccine Date of vaccine #1 ____/____/____

Date of vaccine #2 ____/____/____

Mumps Vaccine Date of vaccine #1 ____/____/____

Date of vaccine #2 ____/____/____

Tetanus – Diphtheria or DPT

Primary series of four doses with DPT, DTaP, DT or Td:

Date of Dose 1 Date of Dose 2 Date of Dose 3 Date of Dose 4

____/____/____ ____/____/____ ____/____/____ ____/____/____

Meningitis Vaccine (A, C, Y, W-135)

Required for all students

One dose (Menveo, Menactra or Nimenrix) must have been given **no later than five years** before the beginning of classes

Date of vaccine ____/____/____

HEALTHCARE PROVIDER SIGNATURE: _____

DATE: _____

PROVIDER'S PRINTED NAME: _____

ADDRESS: _____