

Immunization Form

Immunization record for:

LAST NAME (PLEASE PRINT)

FIRST

DATE OF BIRTH

IF INFORMATION SUBMITTED BY A STUDENT REGARDING MEASLES VACCINATION IS INCOMPLETE, A HOLD WILL BE PLACED ON THE SECOND SEMESTER OF REGISTRATION AT REED.

	Date of immunization	Date of booster
Measles (Rubeola)	_____	_____
Measles/mumps/rubella (MMR)*	_____	_____

*Each entering full-time student born on or after January 1, 1957, must have two doses of measles vaccine or MMR vaccine:

- Two doses (documented by month and year of each dose) on or after the first birthday, with a minimum of 30 days between the doses, OR
- No available documentation for the month and year of the first dose, but documentation of the month and year of the second dose on or after December 1989.

FOR EXEMPTION FROM MEASLES IMMUNIZATION, PLEASE READ THE IMMUNIZATION EXEMPTION FORM AND SIGN.

RECOMMENDED VACCINES:

Tetanus-Diphtheria (within 10 years): date childhood series completed ____/____/____

Date of most recent booster ____/____/____

Polio: date series completed (final dose given) ____/____/____

Hepatitis A: dose 1 ____/____/____ dose 2 ____/____/____

Hepatitis B: dose 1 ____/____/____ dose 2 ____/____/____ dose 3 ____/____/____

HPV (under-recommended): dose 1 ____/____/____ dose 2 ____/____/____ dose 3 ____/____/____

Varicella (chicken pox): dose 1 ____/____/____ dose 2 ____/____/____ OR, date of disease ____/____/____

Meningococcal: dose 1 ____/____/____

**Please see enclosed letter regarding meningitis vaccine

OTHER IMMUNIZATIONS RECEIVED:

_____ date ____/____/____

_____ date ____/____/____

_____ date ____/____/____