

VACCINATION INFORMATION

LAST (PLEASE PRINT)

FIRST

MIDDLE I.

The following immunization data is **REQUIRED** for all students residing in any of the campus residences. The immunization policy is designed to protect the health of all students. Students who fail to comply will not be permitted to enter their rooms until satisfactory completion of data.

A licensed healthcare professional care provider must certify immunization data; home records or self-reports are unacceptable. Copies of school or military immunization records will be accepted with appropriate dates and signatures indicated.

A. MMR (Measles/Mumps/Rubella)

1 st MMR			2 nd MMR	
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B. Hepatitis B

Dose 1:			Dose 2:			Dose 3:	
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C. Meningococcal Meningitis

Date:	
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D. COVID-19 Vaccine

Dose 1:			Dose 2:		
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PHYSICIAN'S SIGNATURE	DATE	LICENSE # AND OFFICE STAMP WITH ADDRESS

I have received and read the detailed information regarding the risks of contracting meningococcal meningitis and Hepatitis B disease and the potential benefits of being vaccinated to reduce those risks.

- I decline to receive the Hepatitis B vaccines.
- I decline to be vaccinated for meningococcal meningitis.

SIGNATURE OF STUDENT

DATE

Our records also require a signature of the student's parent or guardian if the student is under 18 and single.

SIGNATURE OF PARENT

DATE