

VIRGINIA WESLEYAN UNIVERSITY IMMUNIZATION RECORD

Return completed form by email to studenthealth@vwu.edu.

TO BE COMPLETED BY MEDICAL PERSONNEL OR ATTACH A COPY OF SHOT RECORD

Name _____ Date of Birth _____

A. Measles, Mumps and Rubella: Individuals born before 1957 are considered immune.

MMR#1	Date:
MMR#2	Date:
<input type="checkbox"/> Titer indicating immunity: (attach a copy)	Date: Level/Value:

B. Tetanus Diphtheria or TDap *Last booster must be within the past 10 years

TD, DT:	Date:
TDap	Date:

C. Polio (OPV or IPV):

Completion of primary series in childhood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last booster	Date:

D. PPD / Tuberculosis test

Date of TB Screening:	Is TB test recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of test:	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (size) _____ mm
Chest X-Ray Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Treatment /Medication recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Prescribed:	Duration:

E. Hepatitis B or Waiver

Hepatitis B #1	Date:
Hepatitis B #2	Date:
Hepatitis B #3	Date:
<input type="checkbox"/> Titer indicating immunity: (attach a copy)	Date: Level/ Value:
<input type="checkbox"/> Signed Hepatitis B Waiver	Date:

F. Meningococcal Vaccine: 1 dose of MCV-4 given on or after age 16 or if 21yrs old or older must be given within the past 5 years

Meningococcal Vaccination	Date
Menactra / MCV-4 Vaccination	Date
<input type="checkbox"/> Signed Meningitis waiver (below)	Date:

The Center for Disease Control (CDC) recommends meningococcal conjugate vaccines for first-year college students living in residence halls. If they received it before their 16th birthday, they need a booster dose for maximum protection before going to college.

G. Varicella Vaccine (chicken pox)

Has had disease as child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Varicella Dose# 1	Date:
Varicella Dose # 2	Date:
Titer indicating immunity (attach a copy)	Date: Level/Value:

Provider (printed) Name & Title	Address or Office Stamp and phone number:
Provider Signature	

VIRGINIA WESLEYAN UNIVERSITY MENINGOCOCCAL VACCINE WAIVER

I am aware of the CDC recommendation regarding the meningococcal conjugate vaccine and understand the risks of the disease; however, I choose not to receive the vaccine. I understand that in the event of an outbreak, unvaccinated students will be at increased risk for contracting the illness.

Student's Printed Name: _____ Date: _____

Student
Signature _____