UNION COLLEGE
FOUNDED 1795

WICKER WELLNESS CENTER

STUDENT IMMUNIZATION RECORD

PROOF OF IMMUNITY IS REQUIRED PRIOR TO REGISTRATION

UPLOAD FORM TO: Student Health Portal at https://union.studenthealthportal.com

Student Name: ____ **Date of Birth:**______/_______/_________

This form must be completed by your healthcare provider. ALL INFORMATION MUST BE IN ENGLISH.

REQUIRED IMMUNIZATIONS

Tetanus/Diphtheria/Pertussis (Tdap) within last 10 years TDAP: ______________________________ (mm/dd/yy)

MMR/Measles #1: ____________________(mm/dd/yy)

***** 1 must have been given 12 months after birth or later to be valid****

MMR/Measles #2:____________________ (mm/dd/yy)

OR

Submit Measles, Mumps, and Rubella Lab Titers*

***Attach copy of all titer reports to this form**

***Menactra* or *Menveo* (ACWY)**

Meningitis #1: _________________(mm/dd/yy)

Meningitis #2: _________________(mm/dd/yy)

Vaccine #1 over age 12, vaccine #2 over age 16

OR

One vaccine over the age of 16

HIGHLY RECOMMENDED IMMUNIZATIONS

Meningococcal B: ***Bexsero*** **OR** ***Trumenba***

Bexsero	*Trumenba*
MenB#1: ______________________(mm/dd/yy)	MenB#1:______________________(mm/dd/yy)
MenB#2: ______________________(mm/dd/yy)	MenB#2:______________________(mm/dd/yy)
	MenB#3:______________________(mm/dd/yy)

Human Papillomavirus Vaccine (HPV): ***Gardasil*** (Recommended for Female and Male Students):

HPV#1:_________________ (mm/dd/yy) HPV #2:_________________ (mm/dd/yy) HPV #3:________________ (mm/dd/yy)

Hepatitis A: #1: ______________________ (mm/dd/yy)

Hepatitis A #2: _______________________ (mm/dd/yy)

Hepatitis B: #1: ______________________ (mm/dd/yy)

Hepatitis B #2: _______________________ (mm/dd/yy)

Hepatitis B #3: _______________________ (mm/dd/yy)

Varicella (Chicken Pox) : if never had disease:

Varicella #1: ________________________ (mm/dd/yy)

Varicella #2: ________________________ (mm/dd/yy

Varicella titer*:_______________________ (mm/dd/yy)

Varicella disease:____________________ (mm/dd/yy)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

In the event of an outbreak, exempted persons will be subject to exclusion from school and quarantine.

☐ **RELIGIOUS EXEMPTION:** Parent/guardian of the above named person or the person himself/herself adheres to a religious belief opposed to immunizations. **Religious Exemption Form MUST also be completed by parent/guardian or emancipated student ~ Notify the Health Center.**

☐ **MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. **Physician sign & date below.**

HEALTH CARE PROVIDER SIGNATURE REQUIRED

Stamp Here:

Name (please print)____

Address____

City_____________________________State__________Zip Code_________________

Phone( )__________________________ Fax( )___________________________

PROVIDER SIGNATURE___________________________________**DATE**____/____/______