



WICKER WELLNESS CENTER - STUDENT IMMUNIZATION RECORD

Student Name: _____ Date of Birth: ____/____/____

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

REQUIRED IMMUNIZATIONS

MMR/MEASLES #1: _____ (mm/dd/yy) **MMR/MEASLES #2:** _____ (mm/dd/yy)

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

OR Submit Measles, Mumps, and Rubella Lab Titers* ***Attach copy of all titer reports to this form***

Menactra or Menveo or MenquadFi (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*

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) within the last 10 years _____ (mm/dd/yy)

HIGHLY RECOMMENDED IMMUNIZATIONS

Meningococcal B:

Bexero MenB#1: _____ (mm/dd/yy) MenB#2: _____ (mm/dd/yy)

Trumenba MenB#1: _____ (mm/dd/yy) MenB#2: _____ (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) #2: _____ (mm/dd/yy)

Hepatitis B: #1: _____ (mm/dd/yy) #2: _____ (mm/dd/yy) #3: _____ (mm/dd/yy)

Varicella #1: _____ (mm/dd/yy) #2: _____ (mm/dd/yy) Date of disease _____ (mm/dd/yy)

MEDICAL OR RELIGIOUS EXEMPTION TO IMMUNIZATION LAW

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

Please refer to the following link on the Union College website:

<https://www.union.edu/health-services/incoming-student-health-forms>

HEALTH CARE PROVIDER SIGNATURE REQUIRED

Stamp Here:
(required)

Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Phone() _____ Fax() _____

PROVIDER SIGNATURE _____ **DATE** ____/____/____