MyHealth Point Park

IMPORTANT : RECORDS ARE DUE BEFORE START OF CLASS

Fall Deadline : July 1   Spring Deadline : November 1

STUDENT IMMUNIZATION RECORD

This form is to be completed by a medical provider. Incoming students must complete the immunization requirements prior to arriving on campus. If you need assistance with getting immunizations, please contact your local health department or primary care physician. MyHealth Point Park does not provide immunizations.

****It is recommended to submit your actual immunization records in addition to or instead of this worksheet. PLEASE NOTE: If you submit this form alone as your proof of immunization history, it must be signed or stamped by your medical provider. If this form is submitted without a medical provider's signature or stamp, it will not be accepted.****

Last Name	First Name	Date of Birth
Student ID Number	Student Email Address	

REQUIRED

Vaccine				
HEPATITIS B 3 DOSES REQUIRED	DOSE #1	DOSE #2	DOSE #3	**OR** LABORATORY EVIDENCE OF IMMUNITY **UPLOAD LAB REPORT**
TDAP (Tetanus, Diphtheria, Pertussis) *ONE-TIME DOSE AFTER AGE 10 (ADACEL OR BOSTRIX)*		TDAP DATE	CIRCLE ONE : TDAP OR TD (IF TDAP IS GREATER THAN 10 YEARS)	LAST BOOSTER DATE
VARICELLA (CHICKEN POX) 2 DOSES REQUIRE OR DATE OF ILLNESS	ILLNESS DATE	DOSE #1	DOSE #2	**OR** LABORATORY EVIDENCE OF IMMUNITY **UPLOAD LAB REPORT**
MENINGOCOCCAL ACYW-135 DOSE SINCE AGE OF 16 I 21 OR YOUNGER LIVING IN CAMPUS HOUSING		LAST DOSE	LIST VACCINE NAME OR SEROGROUPS COVERED: ___________________________	
MMR 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. ADMINISETERED AFTER 1ST BIRTHDAY		DOSE #1	DOSE #2	
-OR-				
MEASLES (RUBEOLA) 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY		DOSE #1	DOSE #2	**OR** LABORATORY EVIDENCE OF IMMUNITY **UPLOAD LAB REPORT**
MUMPS 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY		DOSE #1	DOSE#2	**OR** LABORATORY EVIDENCE OF IMMUNITY **UPLOAD LAB REPORT**
RUBELLA (GERMAN MEASLES) 1 DOSE REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY		DOSE #1		**OR** LABORATORY EVIDENCE OF IMMUNITY **UPLOAD LAB REPORT**

INTERNATIONAL STUDENTS

Vaccine		
POLIO *REQUIRED* 4-DOSE SERIES AT AGES 2, 4, 6–18 MONTHS, 4–6 YEARS	Dates RECEIVED	
*TUBERCULIN SKIN TEST *REQUIRED** WITHIN ONE YEAR (MANTOUX) OR CHEST X-RAY	PLANTED	READ

RECOMMENDED

Vaccine			
HEPATITIS A	DOSE #1	DOSE #2	
HPV (HUMAN PAPILLOMAVIRUS) ☐ *HPV4* ☐ *HPV9*	DOSE #1	DOSE #2	DOSE #3
INFLUENZA YEARLY VACCINE	DATE OF LAST VACCINE		

PROVIDER INFO

SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE

PROVIDER NAME (PLEASE PRINT)		TITLE
ADDRESS	PHONE	PRACTICE NAME
SIGNATURE	DATE	CLINICAL OR ORGANIZATION STAMP