

IMMUNIZATION FORM
Academic Year 2016-17

To ensure the health and safety of our campus, immunization against communicable diseases is extremely important. The following vaccinations are required of all first-time freshmen and transfer students. Although we may have previously received your immunization records, completion of this form is required.

PART I: (please print)Name: _____
Last Name First Name Middle NameAddress: _____
Street City State Zip code

Date of Birth: _____ WVU Student ID #: _____

Telephone: _____ Email address: _____

PART II: REQUIRED IMMUNIZATIONSA. **M.M.R.** (Measles, Mumps, Rubella) - two doses requiredDose #1: ___/___/___ (given at age 12-15 months)
Dose #2: ___/___/___ (at least one month after first dose)B. **Polio** – three doses required

Dose #1: ___/___/___ Dose #2: ___/___/___ Dose #3: ___/___/___

C. **Tetanus**- most recent (must be within the last 10 years)

Dose: ___/___/___ (Td or TdaP?) please circle

D. **Hepatitis B** – three doses required

Dose #1: ___/___/___ Dose #2: ___/___/___ Dose #3: ___/___/___

E. **Meningococcal vaccine** within five years of matriculation to PSC is required for all PSC students who will be under the age of 21 at the date of matriculation. If your last dose of the meningitis vaccine was greater than five years prior to matriculation, then a booster is required.

Date: ___/___/___ Type of vaccine used: (circle) Menomune or Menactra or Menveo

Date: ___/___/___ Most recent booster

Exempt due to age 21 or older: _____

(Please complete both sides of form)

