

Potomac State College of West Virginia University

IMMUNIZATION FORM – Academic Year 2011-12

To ensure the health and safety of our campus, immunization against communicable diseases is extremely important. Vaccination against **Measles, Mumps and Rubella (MMR)** and **Meningococcal is required of all transfer students**, while the following vaccinations are required of all first-time freshmen enrolling in Fall 2011. 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 Name

Address: _____
Street City State Zip code

Date of Birth: _____ WVU Student ID #: _____

Telephone: _____ Email address: _____

What is your admission status? Freshman Transfer

PART II: REQUIRED IMMUNIZATIONS

A. M.M.R. (Measles, Mumps, Rubella) - two doses required

Dose #1: ____/____/____ (given at age 12-15 months)

Dose #2: ____/____/____ (at least one month after first dose)

B. Polio – three doses required

Initial series -

Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____

C. Tetanus-Diphtheria-Pertussis (DTaP, Tdap, DT, and Td)

Initial series:

Dose #1: ____/____/____ Dose #2: ____/____/____

Dose #3: ____/____/____ Dose #4: ____/____/____

Boosters: (most recent within last 10 years)

Dose: ____/____/____ (Td or Tdap?) please circle

Dose: ____/____/____ (Td or Tdap?) please circle

D. Hepatitis B (not HIB)

Three doses of vaccine.

Dose #1: ____/____/____ Dose #2: ____/____/____

Dose #3: ____/____/____

A 2 dose series for Hepatitis B may be considered complete only if **all** of these stipulations are met:

1. the 2 doses are completed between the ages of 11 and 15 years; and,
2. the vaccine must be Recombivax; and
3. the dose of the Recombivax must be the adult dose - the adult dose is 1.0 cc or 10ug
If the adolescent dose of 0.5 cc (5ug) is used, a third dose is required.

I meet all of the stipulations for the 2 dose series: _____

Signature

(Please complete the back of this form)

E. Meningococcal vaccine

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

PART III: RECOMMENDED IMMUNIZATIONS

- Varicella (Chicken Pox)
- Tuberculosis Screening
- Pneumococcal Polysaccharide vaccine (Pneumovax).
- Influenza vaccine – Annual immunization recommended to avoid disruption to academic activities.
- Hepatitis A vaccine or combined Hepatitis A & B vaccine, especially for international travelers.
- Human Papillomavirus (HPV) vaccine – Gardasil is recommended for females.

Student Name (print): _____
First Middle Last

Signature of Student Date

Signature of Parent/Guardian (if under age of 18) Date

Return completed form to: Potomac State College of WVU
Office of Enrollment Services
75 Arnold Street
Keyser, WV 26726
Telephone: (304) 788-6820
FAX: (304) 788-6939
E-mail: go2psc@mail.wvu.edu

➤ **NOTE:** Some of the vaccinations require multiple doses and are administered over several months. Please make sure, if you have not had these vaccinations, you begin early so you can complete them prior to submitting this form.

**PLEASE HAVE ALL REQUIRED VACCINATIONS COMPLETED
BEFORE SENDING THIS FORM TO PSC.**