

# College and Post-Secondary Immunization Record



Student: Complete the top portion and have the remaining portion completed by your Health Care Provider

**Name:** \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Suffix \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student ID #:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Vaccines	Dates Given	Requirements
<b>Tdap or Td</b>	Tdap ____ Td ____ #1 ____/____/____	1 Tdap/Td booster within last 10 years
<b>MMR</b>	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Dates: ____/____/____ Measles    ____/____/____ Mumps    ____/____/____ Rubella	2 doses or positive titers Minimum of 4 weeks between doses 1 <sup>st</sup> dose given after 1 <sup>st</sup> birthday
<b>Meningococcal</b>	1 <sup>st</sup> year in campus based housing? No ____ Yes ____ (needed) #1 ____/____/____	One dose for first year students living in campus based housing
<b>Varicella</b>	1. History of disease: Yes ____ No ____ (if no proceed to #2) Must sign Vt. Dept of Health "Documentation of Varicella" Form 2. Immunization: #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	2 doses of varicella vaccine or history of disease or positive titer Minimum of 4 weeks between doses if age 13 or older (12 weeks for under age 13)
<b>Hepatitis B</b>	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer Date: ____/____/____	3 doses or positive titer Minimum of 4 weeks between doses 1 and 2 Minimum of 8 weeks between doses 2 and 3 (3 <sup>rd</sup> dose must be 16 weeks from first dose)

**Health Care Provider Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

The Vermont Department of Health  
Immunization Program  
108 Cherry Street  
Burlington, Vermont 05401

802-863-7638 or  
1-800-464-4343 ext. 7638  
healthvermont.gov