

STUDENT INFORMATION

Student's Name _____ Date of Birth: _____

REQUIRED IMMUNIZATIONS:

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

Dose 1 given at age 12 months or later #1 ___/___/___

8cgY'&[j] Yb`Uh`YUgh&, `XUng`UZyf`UfghXcgY''''', &` ___ ___ ___

E. INFLUENZA

Trivalent (IIV3) - Date of last dose: __/__/__

Quadrivalent (IIV4) Recombinant (RIV3) @j Y UHYbi UHX]bÜ YbnUj UVMY f25=Ł

F. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of disease: Yes No or Birth in U.S. before 1980: Yes No

2. Varicella antibody: __/__/__ Result: Reactive Non-reactive

3. Immunization: Dose #1 __/__/__

.....8cgY` . & [] Yb`Uh`YUgh%& k YY_g`UZyf`UfghXcgY`U[Yg`%& mYUfg`UbX`Uh`YUgh(`k YY_g`UZyf`

.....UfghXcgY`]ZU[Y`% `mYUfg`cf`c`XYf` __/__/__

G. HUMAN PAPILOMAVIRUS VACCINE (HPV2/HPV4/HPV9)

K. MENINGOCOCCAL SEROUGROUP B

(Two or three dose series; may be given to any college student or for outbreak control; may be given with quadrivalent meningococcal vaccine at different anatomic site. Must complete series with the same vaccine.)

1. MenB-RC (Bexsero) routine outbreak -related

a. Dose #1 ___/___/___

b. Dose #2 ___/___/___

OR

1. MenB-FHbp (Trumenba) routine outbreak -related

a. Dose #1 ___/___/___

b. Dose #2 ___/___/___

L. COVID-19 (SARS-CoV-2)

