

Immunization Requirements *International Students*

Last Name _____, First Name _____, Date of Birth _____.

The below immunizations are required to be given prior to any student arriving on campus. Students arriving without the required immunizations will be given a date to receive the remainder of the requirements.

DTaP/DTP 1. _____, 2. _____, 3. _____, 4. _____, 5. _____.

*****5 doses required. IF primary dose is administered on or after the 4th birthday, the 5th dose is not required.

TdaP Booster 1. _____ (This vaccine must contain Pertussis to be accepted.)

*****All students must have a TdaP within 5 years. Boarding student must have before moving into the dormitory.

Polio 1. _____, 2. _____, 3. _____, 4. _____, 5. _____.

*****5 doses of the IPV/OPV vaccination must be given to all students.

MMR/ MMRV 1. _____, 2. _____.

*****2 doses are required for all students

Varicella 1. _____, 2. _____, OR Varicella Disease . _____.

*****All students must have either completed the 2 part vaccination series or have a history of the disease.

Hepatitis B 1. _____, 2. _____, 3. _____.

*****All students must have completed the 2 or 3 dose approved series.

Meningitis 1. _____, Vaccine type: _____.

*****All boarding students are required to have this vaccination.

Physician Signature/Stamp:_____ **Date:**_____.