

Student ID \_\_\_\_\_ Student Name: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



# NVU-Johnson Immunization Record

## Send completed form to:

NVU-Johnson Wellness Center  
337 College Hill, Johnson, VT 05656  
802.635.1292 (fax)  
WellnessCenter@NorthernVermont.edu

All incoming first year and new transfer undergraduate students are REQUIRED by state law to provide evidence of the following immunizations. **Failure to complete the immunization requirement will result in a registration hold on your student account.**

### TDaP or TD

(1 Tdap or Td booster in last 10 years)

Check one: Tdap \_\_\_\_\_ or Td \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Meningococcal (MCV4)

(Dose 2 required only if 1st dose prior to 16th birthday and student living on campus)

1st year in campus based housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, vaccine required)

Date 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Hepatitis B

(3 doses over 6 months)

Date 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 3: \_\_\_\_/\_\_\_\_/\_\_\_\_

Positive Surface Antibody Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

### MMR (Measles, Mumps, Rubella)

(2 doses of MMR vaccine; dose 1 must be after 1st birthday; minimum 4 weeks between doses.)

Date 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Positive Measles Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Positive Mumps Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Positive Rubella Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Varicella (Chicken Pox)

(2 doses of Varicella Vaccine; minimum 4 weeks between doses)

Date 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disease History: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Positive Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health Care Provider's Signature (Required if form is not accompanied by and authorized immunization document):

I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.

Signature and Credentials \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Office phone number \_\_\_\_\_ Office fax number \_\_\_\_\_