

Name: _____

Date of Birth: _____

Entrance Medical Record- IMMUNIZATION HISTORY

The following vaccinations are required by Kalamazoo College and based on American College Health Association guidelines. **Incomplete immunizations or forms will result in an inability to begin fall classes, participate in athletics and LandSea, and move into the residence halls.**

A positive quantitative antibody titer will meet the requirement for Measles, Mumps, Rubella, and Varicella.

A positive surface antibody will meet the requirement for Hepatitis B. Please include copies of lab work.

All immunizations and forms are due by August 1.

Required Vaccinations:

Vaccine	Type of Vaccine	Given (month/date/year)	Requirement
Tetanus, Diphtheria (e.g. Tdap, Td)			Date of completion of primary series of 4 doses Booster w/in last 10 years
Measles, Mumps, Rubella/ MMR OR	MMR		Two doses of MMR OR two doses of Measles, one dose of Mumps, and one dose Rubella Older than 12 mo. and at least 4 wks apart
	MMR		
	Measles		
	Measles		
	Mumps		
Hepatitis B			Series of three
Varicella			History of disease Yes No OR two doses
Polio			Date of completion of primary series of 4 doses
Tuberculosis	If all answers to TB Self-Screening are NO, requirement is met. If any YES answers , a TB Skin Test (enter info below) or T-spot (attach lab work) since your exposure, is required. See TB Self-Screening form for details Date Admin: Date Read: mm:		

Recommended Vaccinations:

Vaccine	Type of Vaccine	Given (month/date/year)	Recommendation
Tdap			Substitute one dose of Tdap for Td
Hepatitis A			Series of two
Human Papilloma Virus (HPV)			Series of three
Meningococcal	Menamune		One booster of Menectra after 5 years
	Menectra		One dose
Influenza			Annually

Other Immunizations

REQUIRED HEALTH CARE PROFESSIONAL'S SIGNATURE

Print name _____ Address _____
Signature _____ Date ____/____/____ Phone () _____