Kalamazoo College requires a complete medical questionnaire and up to date immunizations before arrival on campus. New students will NOT be allowed to move in, participate in athletics, LandSea, or start classes until immunizations are reviewed by the Student Health Center staff and found to meet the College standards listed below.

This form is a guide to the required immunizations that you will need to attend Kalamazoo College. To complete the process, please visit https://reason.kzoo.edu/healthcenter/entrancemedical/.

**Required Vaccinations Before Arrival on Campus**

**HEPATITIS B**
Three doses of vaccine at the CDC approved dosing schedule or a positive hepatitis B surface antibody meets this requirement.

**MENINGITIS QUAD (MUST include A, C, Y, W - 135)**
One dose on or after the age of 16.

**MMR (MEASLES, MUMPS, RUBELLA)**
Two doses of MMR required at least 28 days apart starting at 12 months of age or two doses of Measles, one dose of Mumps, and one dose of Rubella at least 28 days apart starting at 12 months of age or a positive quantitative antibody titer meets this requirement.

**POLIO**
Primary series completed.

**TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)/TETAUNS (Td)**
MUST include one lifetime dose of Tetanus, Diphtheria, Pertussis (Tdap). Current Td or Tdap given within the last 10 years.

**VARICELLA (Chicken Pox)**
Two doses of vaccine or a history of chicken pox or a positive quantitative antibody titer meets this requirement.

**TUBERCULOSIS (TB) SCREENING/TESTING**
Kalamazoo College will require TB testing only for those individuals who fall into a high-risk group. If all of the answers to the Tuberculosis Self Screening (see Medical Questionnaire) are NO, this requirement is met. If you have any YES answers, please get a TB skin or blood test (QFT or T-Spot) done with your health care provider and send the document in English by August 1 for review. Be sure this test is completed/read the same day as live vaccines are given or 4 weeks after.

**Do Include**
Travel vaccines including *Typhoid, Yellow Fever*, etc.

**Do NOT Need to Include**
Completed childhood immunization series including *DPT, Hib, or BCG* immunizations.

**Recommended Vaccinations**

**HEPATITIS A**
Two doses of vaccine.

**PNEUMOCOCCAL**
One dose if your doctor recommends it based on your risk factors.

**HUMAN PAPILLOMAVIRUS VACCINE (HPV)**
Three doses of vaccine for females and males ages 12-26.

**MENINGITIS B**
Complete series of two or three doses of vaccine.

**INFLUENZA**
Annually.
6/15/17