

# Dartmouth College Health Service at Dick's House

7 Rope Ferry Road, Hanover NH 03755 P: (603) 646-9404

**DUE DATE: June 30, 2020**

## Immunization Form for Undergraduate Students

FIRST NAME	MI	LAST NAME	BIRTHDATE (MM/DD/YY)
PREFERRED NAME	CONTACT EMAIL		CONTACT PHONE NUMBER

### REQUIRED IMMUNIZATIONS

Vaccination	Date1: Month/Day/Yr	Date 2: Month/Day/Yr	Date 3: Month/Date/Yr	Date 4: Month/Date/Yr
Tetanus, Diphtheria, Pertussis Primary Series (DTap, DTP, or DT) 4-5 shot series received in early childhood.	/ /	/ /	/ /	/ /  If applicable date #5:  / /
Tdap Booster (Tetanus, Diphtheria, acellular Pertussis) Dartmouth requires a Tdap on/after age 11. A valid Tetanus shot dated after 9/1/10 is also required. If TDaP was given after age 11 and after 9/1/10 it will meet both requirements.	International Student: Tdap not available in home country. Vaccine will be received at Dartmouth College ( ).	/ /  Tdap (Required)	/ /  dT (If booster is something other than dT, please specify below)  _____	
MMR Vaccine Two doses required ( <i>doses must be given at least 28 days apart beginning on or after 12 months of age</i> )	/ /	/ /	<b>The MMR vaccines may be substituted with 2 Measles, 2 Mumps and 1 Rubella vaccine, medically documented proof of disease OR laboratory evidence of immunity.</b>	
MEASLES	/ /	/ /		
MUMPS	/ /	/ /		
RUBELLA	/ /			
POLIO PRIMARY SERIES (OPV or IPV) 4-5 shots received in early childhood. <b>IMPORTANT!</b> If polio vaccine has never been administered, please start the IPV series. Three doses of IPV are <b>REQUIRED</b>	/ /  IPV ( ) OPV ( )	/ /  IPV ( ) OPV ( )	/ /  IPV ( ) OPV ( )	/ /  IPV ( ) OPV ( )
VARICELLA Health care provider documented incidence of disease OR two doses of vaccine OR positive titer ( <i>doses must be given at least 28 days apart beginning on or after 12 months of age</i> ).	/ /	/ /	Verified Date of Disease / /	( ) Positive Titer- <i>Attach Report</i>

Hepatitis B (3 vaccines OR positive titer REQUIRED) *2 dose series (Hepilisav) allowed if over 18. *	/ / */ /	/ / */ /	/ /	( ) Positive Titer-Attach Report
QUADRIVALENT MENINGOCOCCAL CONJUGATE ACYW-135 If initial dose administered prior to age 16, booster dose given at age 16 or older is REQUIRED even if 2 or more doses have been received. If initial dose administered at age 16 or older, booster dose is not required.	Indicate Type:  / /	/ /		

**OTHER VACCINATIONS (NOT REQUIRED)**

Vaccination	Date1: Month/Day/Yr	Date 2: Month/Day/Yr	Date 3: Month/Date/Yr	Date 4: Month/Date/Yr
HPV4 ( ), HPV9 ( )	/ /	/ /	/ /	
Meningococcal B	/ /	/ /		
Typhoid	/ /	/ /		
Pneumococcal	/ /	/ /	/ /	/ /
Rabies	/ /	/ /	/ /	/ /
Japanese Encephalitis	/ /	/ /	/ /	
Yellow Fever	/ /			

**Health care provider signature/stamp (REQUIRED):**

_____ ( MD / DO / PA / NP / RN / LPN ) SIGNATURE OF HEALTH CARE PROVIDER	_____ DATE
<i>provider/facility stamp here</i>	
_____ PRINTED/TYPED NAME OF HEALTH CARE PROVIDER	_____ TELEPHONE NUMBER

**Instructions:**

**Health care provider:**

1. Please complete this form ensuring patient is in compliance with all 'REQUIRED IMMUNIZATIONS'.
2. Please sign and date the form (above).
3. Please provide patient with the original or a copy of the completed form.

**Student:**

- 1 Please use your copy of this form to enter vaccine dates into the ONLINE immunization record located on our direct web link: <https://healthservices.dartmouth.edu>
2. Mail your immunization record (or a copy) to Dartmouth College Health Services, ATTN: Medical Records, 7 Rope Ferry Road, Hanover, NH 03755.
3. **Both steps #1 and #2 are REQUIRED. You must enter immunization dates online AND submit a copy of this form to us.**