

St. Vincent's College
Student Health Services Student Immunization Requirements

Name _____ DOB _____ SS# _____

St. Vincent's College and St. Vincent's Medical Center require that students provide, from their physician, proof of immunity or vaccination for the following diseases. This form must be completed, before scheduling your health assessment. Your health assessment will not be done without this form completed.

1. Measles, Mumps and Rubella (2 doses of MMR or 2 doses of Measles, 1 dose of Mumps/Rubella required)

1st dose MMR-Date: _____ 2nd Dose MMR-Date: _____
OR
1st dose Measles Date: _____ Mumps: _____ Rubella: _____
2nd dose Measles Date: _____ Mumps: _____
OR
Measles Titer-Date _____ Result _____
Mumps Titer-Date _____ Result _____
Rubella Titer-Date _____ Result _____

2. Tetanus/Diphtheria (within the last 10 years)

Date _____

3. Hepatitis B (3 doses AND a titer are required)

1st Dose Date _____
2nd Dose Date _____
3rd Dose Date _____
AND
Hep Bsab (Quantitative) >10=immune
Date _____ Result _____

4. Chickenpox

Varicella Titer-Date _____ Result _____
OR
Varicella Vaccine Date _____
*Varicella Vaccine Date _____ (at least 1 month apart)

(PLEASE NOTE THAT HISTORY OF DISEASE WILL NOT BE ACCEPTED)

* 2 Doses of the vaccine are required if the 1st vaccine is given after age 13.

5. Tuberculosis (provided by the college if not previously done)

Two-Step Tuberculin skin test (Mantoux only)
PPD #1 within the last 12 months-Date _____ Results _____
PPD #2 within the last 6 months-Date _____ Results _____
If PPD +, obtain CXR and provide results and documentation of any treatment

I acknowledge completing the above required immunization/immunity testing on _____.

Health Care Provider's Signature _____

Health Care Provider Name _____

Address _____ Phone _____