

Student Name: _____
Last name
First name
Middle initial



Date of Birth: ____/____/____ Phone: _____
mm
dd
yyyy

Center for Health and Wellbeing
 425 Pearl Street, Burlington, VT 05401
 (802) 656-3350
immunizationcompliance@uvm.edu

IMMUNIZATION RECORD

All undergraduate students are required by state law to provide evidence of the following vaccines.
 This form is to be completed and signed by a healthcare provider.

Student to upload completed form & enter vaccine dates on MyWellbeing.uvm.edu

<p>Tetanus (Tdap or Td) 1 Tdap or Td booster within last 10 years Check one: Tdap ____ or Td ____ Date: ____/____/____ mm dd yyyy</p>	<p>Meningococcal Conjugate (MCV4, MenACWY, MenQuadfi, Menveo, or Menactra) 1 dose required on/after 16th birthday if student is living in campus-based housing and is under 22 years old. Date: ____/____/____ mm dd yyyy</p>
<p>Measles, Mumps, Rubella (MMR) 2 doses of MMR vaccine. Dose 1 must be after 1st birthday; minimum 4 weeks between doses. Date 1: ____/____/____ Date 2: ____/____/____ mm dd yyyy <p style="text-align: center;">or</p> Positive measles titer: ____/____/____ Positive mumps titer: ____/____/____ Positive rubella titer: ____/____/____ mm dd yyyy</p>	<p>Varicella (chickenpox) 2 doses of Varicella vaccine; minimum 4 weeks between doses. Date 1: ____/____/____ Date 2: ____/____/____ mm dd yyyy <p style="text-align: center;">or</p> Positive varicella titer: ____/____/____ <p style="text-align: center;">or</p> Disease history: ____/____/____ mm dd yyyy</p>

Hepatitis B (3-dose series)
 Date 1: ____/____/____ Date 2: ____/____/____ Date 3: ____/____/____
 *Date 4: ____/____/____ *Date 5: ____/____/____ *enter extra doses received
or
HEPLISAV-B (2-dose series) **or**
 Date 1: ____/____/____ Date 2: ____/____/____ Positive surface **antibody** titer
mm
dd
yyyy
mm
dd
yyyy
____/____/____
mm
dd
yyyy

I certify that the information provided on this form is complete, true, and correct to the best of my knowledge.

Healthcare Provider's Signature & Credentials	Printed Name	Date
Name of Practice/Official Stamp	Provider Phone Number	