



Esry Student Health Center – Blum Union 203
 Missouri Western State University
 4525 Downs Drive • St Joseph, MO 64507
 Phone: (816) 271-4495 • Fax (816) 271

IMMUNIZATION DOCUMENTATION FORM

Last Name	First Name	MI	Male	Female	G-number
Address		City	State		Zip
()	()	Cell Phone		Date of Birth	Age
Phone					

Must Be Completed and Signed By Your Health Care Provider

REQUIRED IMMUNIZATIONS for all MWSU students living in campus housing. ***Required immunizations are for your protection against these communicable diseases.

1. M.M.R. (Measles, Mumps, Rubella) (two doses required for students born in 1957 or later)

- Dose 1 given at age 12-15 months or later #1 / /
M D Y
- Dose 2 given at age 4-6 years or later, and at least one month after first dose #2 / /
M D Y
- Laboratory/serologic evidence of immunity (attach copy of titer and date)

2. Tetanus-Diphtheria-Pertussis (Primary series complete. Booster with Tdap or Td in the last ten years.)

- Tdap booster (preferred) to replace a single dose to TD for booster with at least five year since last dose of Td.
- OR** / /
M D Y
- Td booster within the last 10 years / /
M D Y

3. Meningitis Vaccine – (Menactra) within the last 5 years. Proof of receipt of the Meningococcal Vaccine or a signed medical or religious waiver declining the vaccine is required of all incoming, first time campus housing students beginning with the 2004-2005 school year. A parent or guardian signature is required for students under the age of 18 if declining vaccine.

- Menactra (MCV4) / /
M D Y
- Waiver signed (See last page for waiver)

Health Care Provider (signature required) To the best of my knowledge, the person above has received the above immunizations.

Name: _____ Signature: _____
 (Please print)

Address: _____
 Street/P.O. Box

City: _____ State _____ Zip _____

Phone: () _____ Date: _____

***If you would like the recommended immunizations included in your Missouri Western State University Health Record, please fill out and forward with your other records.

RECOMMENDED IMMUNIZATIONS for all MWSU students living in campus housing. ***Recommended immunizations are for your protection against these communicable diseases.

Hepatitis A

Immunization (hepatitis A)

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Immunization (Combined hepatitis A and B vaccine)

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Dose #3: / /
M D Y

Hepatitis B – Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody

Immunization (hepatitis B)

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Dose #3: / /
M D Y

Immunization (combined hepatitis A and B vaccine)

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Dose #3: / /
M D Y

Hepatitis B surface antibody

Date: / /
M D Y

Result: Reactive _____ Non-reactive _____

Varicella – Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine

History of Disease Yes _____ No _____ or Birth in U.S. before 1980 Yes _____ No _____

Varicella antibody / / Result: Reactive _____ Non-reactive _____
M D Y

Immunization

Dose #1: / /
M D Y

Dose #2: / / given at least 12 weeks after first dose ages 1-12
M D Y and at least 4 weeks after first dose if age 13 years or older

Polio – Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.

OPV alone (oral Sabin three doses: Dose #1: / / Dose #2: / / Dose #3: / /
M D Y M D Y M D Y

IPV/OPV sequential: Dose #1: / / Dose #2: / / Dose #3: / /
M D Y M D Y M D Y

IVP alone (injected Salk four doses):

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Dose #3: / /
M D Y

Dose #4: / /
M D Y

Influenza – Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to other individuals.

Date / / / / / / / /
M D Y M D Y M D Y M D Y

HPV – Quadrivalent Human Papillomavirus Vaccine – Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.

Immunization HPV:

Dose #1: / /
M D Y

Dose #2: / /
M D Y

Dose #3: / /
M D Y