### STATE MANDATED IMMUNIZATIONS –
*Registration will be held if not compliant*

**M.M.R. (MEASLES, MUMPS, RUBELLA)**

(Two doses required, at least 28 days apart for students born after 1956.)

- Dose 1 given at age 12 months or later ..........................................................
- Dose 2 given at least 28 days after first dose...........................................

**VARICELLA**

If you were born after 1980- 2 vaccinations after 1995 required OR History of the Disease

OR Official Positive Titer Results. You must have one of the following.

- Dose #1 given at age 12 months or later and after 1995 .........................
  Dose #2 given at least 28 days after first dose and after 1995..............
  
- History of Disease (Student statement including month and year of disease or Parent or Physician statement preferred)

- Positive Titer Results (Official Lab Results must be presented)

**MENINGOCOCCAL -A,C,Y,W (eg. Menactra) –**

Required within the last 4 years if you are living ON CAMPUS.

### RECOMMENDED IMMUNIZATIONS  (registration will not be held)

**HEPATITIS A**

Dose #1..............................................................................................................

Dose #2 (given 6-12 mo.after first).................................................................

**HEPATITIS B**

Dose #1..............................................................................................................

Dose #2 (1-2 mo. after 1st)..............................................................................

Dose #3 (4-6 mo. after 1st)..............................................................................

**HPV**

Dose #1..............................................................................................................

Dose #2 (1-2 mo. after 1st)..............................................................................

Dose #3 (4-6 mo. after 1st)..............................................................................

**POLIO** (primary series required for all students)

Date of last immunization..............................................................................

**TETANUS-DIPHTHERIA-PERTUSSIS**

Tdap (Preferred- may be given regardless of last dT booster)......................

OR
dT booster within 10 years ..........................................................................

**MENINGOCOCCAL –FOR SEROTYPE B (Trumenba or Bexsero) NEW as of 2015**

Dose # ..............................................................

Dose #2 ...........................................................................................................

Dose #3 (if Trumenba)....................................................................................