

# Dartmouth College Health Service at Dick's House

7 Rope Ferry Road, Hanover NH 03755

(603) 646-9404 **DUE DATE: June 30, 2018**

## Immunization Form for Undergraduate Students

FIRST NAME	MI	LAST NAME	BIRTHDATE (MM/DD/YY)
ALSO KNOWN AS (NICKNAME)	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 dated no earlier than June 1, 2008. If the Tdap will be more than 10 years old on 9/1/18 a Tetanus vaccine in the last 10 years is required.	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)	/ /	/ /	/ /	( ) Positive Titer-Attach Report
<b>QUADRIVALENT MENINGOCOCCAL CONJUGATE ACYW-135</b> <b>If initial dose administered at age 15 or younger, booster dose given at age 16 or older is REQUIRED! If initial dose administered at age 16 or older, booster dose is not required.</b>			Indicate Type: / /	/ /

**RECOMMENDED VACCINATIONS**

Hepatitis A	/ /	/ /		
HPV4 ( ), HPV9 ( )	/ /	/ /	/ /	
<b>Influenza</b> (Dartmouth College Health Services does not require an annual flu vaccine, however, it is recommended) <u>FREE flu shot clinics are held at the Dartmouth Health Services during the fall term.</u>	/ /			

Other immunizations such as Meningococcal B, Yellow Fever, Pneumococcal, Typhoid, Rabies, JEV dates and/or comments. Please also attach lab reports for any titers (ex Varicella, Measles, Mumps, Rubella, Hep B. )Immunization dates/titers will be added to the student's College medical record. (Please make sure to include manufacturer)

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**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.