

Dartmouth College Health Services  
 5-7 Rope Ferry Rd  
 Hanover, NH 03755  
 Fax: 603-646-9450  
 e-mail: Medical.Records@dartmouth.edu

Name: _____
DOB: _____

**All Incoming MALS, TDI, CECS, and Graduate Studies students must provide documentation for the following immunizations and tests. Dartmouth College requirements are described in italics.**

- Measles (Rubeola)** *Dose 1 given at age 12 months or older, Dose 2 given at least one month after Dose 1.*

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

OR: Immunity Confirmed by blood titer. Date of Test \_\_\_\_\_

OR: Physician Documented Disease Date of Disease \_\_\_\_\_
- German Measles (Rubella)** *Immunization Administered after the first birthday.*

Date \_\_\_\_\_

OR: Immunity Confirmed by blood titer. Date of Test \_\_\_\_\_
- Mumps** *Dose 1 given at age 12 months or older, Dose 2 given at least one month after Dose 1.*

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

OR: Immunity Confirmed by blood titer. Date of Test \_\_\_\_\_
- Tetanus Primary Series** (DTaP or DTP)

Series dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 #3 \_\_\_\_\_ #4 \_\_\_\_\_
- Tetanus/diphtheria Booster** *Within 10 years (Tdap is strongly recommended)*

Date \_\_\_\_\_
- Tuberculosis Screening** - Please refer to separate TB Screening Questionnaire located online within the Banner system.

**Additional Vaccines: (Optional)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Health Care Provider **Required** \_\_\_\_\_ Date \_\_\_\_\_

Printed or typed name of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_