Nathan Smith Society
DHMC/VA Undergraduate Shadowing Program

Instructions: Print name and Dartmouth ID# at top. Then submit form to Reception Desk, Dick’s House, Dartmouth College Health Services for completion & signatures. After it has been signed, return to Dr. Witters (place in drop box in waiting area next to his office (122 LSC).

Documentation of Immunization Requirements

Dartmouth College Health Services has reviewed the immunization record of the student named above. We have clinically documented proof of immunity as noted here:

a. Result of positive serology of immunity to Rubella and Rubeola, or documentation of two doses of Measles, Mumps, and Rubella
b. Documentation of Varicella vaccination (2 doses)
c. Negative Purified Protein Derivative (PPD) Mantoux skin test within last 12 months _____ (date)
d. Hepatitis B vaccination series of 3 or is in the process of receiving the series or supply a waiver that indicates refusal.
e. Annual Flu vaccine _________ (date).

In the event the PPD was a positive test:

IGRA: ___________________________  ___________________________
Date of IGRA  Result (+/-)

Please Note: Chest x-ray and clinical intervention is required if IGRA is POSITIVE.

For Dartmouth College Health Services Office Records:

Dartmouth College Health Service (REQUIRED) ___________________________ Date ___________________________

Printed or Typed name of Dartmouth College Health Service Health Care Provider ___________________________ Phone Number ___________________________