Saint Mary-of-the-Woods College

Immunization Record
Confidential

Family Name (Last Name) First Name Middle Name Date of Birth

Required Immunizations:

DTP/TD/Tdap…….. 1st___/___/___ 2nd___/___/___ 3rd___/___/___ 4th___/___/___

Tetanus-Diphtheria *booster must be within the last 10 years*……..…Date: _____/_____/_____

MMR (Measles, Mumps and Rubella) *two doses required* …Dose #1____/_____/____ Dose #2____/____/____

Polio…….....1st___/___/___ 2nd___/___/___ 3rd___/___/___ 4th ___/___/___

Students lacking required immunizations will be required to be vaccinated ***before arrival to campus****. Students needing necessary vaccinations are encouraged to contact their primary health care provider or the Vigo County Health Department Clinic at 812-462-3431, appointments are required and a small fee is charged.*

Recommended Immunizations:

Hepatitis A……..1st____/____/____ 2nd____/____/____

Hepatitis B……..1st____/____/____ 2nd____/____/____3rd____/____/____

Varicella……1st____/____/____ 2nd____/____/____ or, Date of Disease ____/____/____

Meningococcal ……..1st____/____/_____ Please list all other vaccinations received: _____

_____

_____

PPD Skin Test: *(Recommended)*

Date Administered ___/___/___ Date Read___/___/___ Result_____mm Read By: _____

To my knowledge the above information has been filled out completely and accurately.

Physician's Signature: _____Date:_____

Completed form should be mailed to: Office of Student Development/Health Office
Saint Mary-of-the-Woods College
1 Saint Mary of Woods Col
Saint Mary-of-the-Woods, IN 47876