



EARLHAM COLLEGE
HEALTH RECORD

IMMUNIZATION RECORD

This immunization record form must be completed before coming to Earlham College. All information should be completed in English and signed by a health care professional. The following immunizations and tuberculosis testing are required for all students attending Earlham College. Please do not write, "see attached." The form must be filled out. If you have any questions, call Health Services at 765-983-1328 or email healthservices@earlham.edu

REQUIRED IMMUNIZATIONS

MMR (Measles, mumps, rubella)

Dose 1 date given at 12 months or later: Dose 2 date given at least 28 days after first dose:

Meningococcal Quadrivalent (ACWY)

Dose 1 date: Dose 2 date: *if only one dose, then must be after 16 years of age*

Serogroup B Meningococcal

Meningitis B series is required for students age up to 23 years of age. The vaccine series must be completed with the same vaccine

MenB-RC (Bexsero)

Dose 1 date: Dose 2 date:

or

MenB-FHbp (Trumenba)

Dose 1 date: Dose 2 date: Dose 3 date:

Tetanus, Diphtheria, Pertussis

Primary series completed? Yes No Date of last dose in series: Date of last booster: Type of booster: Td Tdap

Hepatitis A

Dose 1 date: Dose 2 date:

Hepatitis B

Heplisav-B (2 dose series) is not interchangeable with other hepatitis B vaccines (3 dose series) but can substituted for dose #2 and #3.

Dose 1 date: Dose 2 date: Dose 3 date:

- | | | |
|---|---|---|
| <input type="radio"/> Adult formulation | <input type="radio"/> Adult formulation | <input type="radio"/> Adult formulation |
| <input type="radio"/> Child formulation | <input type="radio"/> Child formulation | <input type="radio"/> Child formulation |
| <input type="radio"/> HepB-CpG (Heplisav-B) | <input type="radio"/> HepB-CpG (Heplisav-B) | <input type="radio"/> HepB-CpG (Heplisav-B) |

Varicella

Dose 1 date: Dose 2 date: *Dose #2 given at least 12 weeks after first dose ages 1–12 years and at least 4 weeks after first dose if age 13 years or older*

History of disease? Yes No Date: Birth in U.S. before 1980? Yes No **or** Yes No



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Polio

Meningitis B series is required for students age up to 23 years of age. The vaccine series must be completed with the same vaccine

OPV alone (oral Sabin three doses):

Dose 1 date: Dose 2 date:

IPV/OPV sequential:

IPV 1 date: IPV 2 date: OPV 3 date: OPV 4 date:

IPV alone (injected Salk four doses):

Dose 1 date: Dose 2 date: Dose 3 date: Dose 4 date:

Tuberculosis (TB) Testing

The TB test is required of all students. TB skin test within the last 6 months or Quantiferon testing. Please attach x-ray results and record of treatment if Quantiferon or TB test is positive.

Quaniferon TB test

Negative date: Positive date:

TB skin test

Negative date: Positive date: MM Induration

Chest x-ray required if TB skin test greater than 10 mm induration or quantiferon positive

Normal Abnormal Date:

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 Form continues on next page.



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RECOMMENDED IMMUNIZATIONS

COVID-19 Vaccine

Vaccine name:

Dose 1 date:

Dose 2 date:

Dose date 2 if applicable. *MUST attach vaccination record.*

COVID-19 Vaccine Booster

Vaccine booster name:

Dose 1 date:

Dose 2 date:

Dose date 2 if applicable. *MUST attach vaccination record.*

Human Papillomavirus Vaccine

Immunization (indicate which preparation, if known)

Quadrivalent (HPV4)

9-valent (HPV9)

Dose 1 date:

Dose 2 date:

Dose 3 date:

Pneumococcal Polysaccharide Vaccine

PCV 13 Date:

PPSV 23 Date:

HEALTHCARE PROVIDER INFORMATION

Name

Phone

Address

Signature