

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? Date of last dose in series: Yes No Date of last booster: Td
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:
Adult formulationAdult formulationAdult formulationChild formulationChild formulationChild formulationHepB-CpG (Heplisav-B)HepB-CpG (Heplisav-B)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? Birth in U.S. before 1980?
○ Yes Date: ○ No or ○ Yes ○ No
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Earlham College

Please return the completed health record to:

Health Services 801 National Road West Richmond, Indiana 47374 765-983-1328 FAX: 765-983-1488 healthservices@earlham.edu

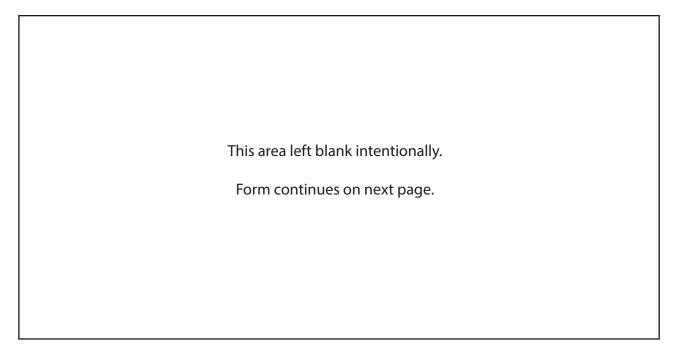


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Polio

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: 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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RECOMMENDED IMMUNIZATIONS

COVID-19	Vaccine
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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. <i>MUST attach vaccination record</i> .
Human Papillomavirus Vaccine Immunization (indicate which preparation	n, if known) 🛛 Quadrivalent (HPV4)	O 9-valent (HPV9)
Dose 1 date:	Dose 2 date:	Dose 3 date:
Pneumococcal Polysaccharide Vac	cine	
O PCV 13 Date:	O PPSV 23 Date:	

HEALTHCARE PROVIDER INFORMATION

Name	Phone
Address	Signature

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