**** Student Immunization Record

**www.marian.edu**

**(317) 955-6154 / Fax (317) 955-6133**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Required Immunizations***

**1. MMR Vaccine**

All students born after 01/01/1957

2 vaccinations required

#1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or** IgG titers: Attach lab report

**2. Tetanus-Diphtheria or Tdap**

Last Booster within 10 years

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Meningococcal Vaccine**

Circle brand given:

Menactra; Menveo; Menomune;

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Varicella (Chickenpox) Vaccine**

ﬦ Yes, had chickenpox.

ﬦ No: 2 vaccinations required

#1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or** IgG titer: Attach lab report

**5. Hepatitis B Vaccine**

3 vaccinations required

#1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O**r HbSab titer: Attach lab report

**6. Polio Vaccine**

ﬦ yes - have had the series

ﬦ no – contact health care provider

***Tuberculosis Screening* (Note: Required for all international students within four weeks of arrival to the United States.)**

ﬦ Student is not an international student and has no TB symptoms/risks, no testing required. Skip to the signature line.

*Please complete one of the following if you are an international student or have TB symptoms or risks:*

ﬦ Tuberculin Skin Test

Date given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date read:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach report

OR

**ﬦ** QuantiFERON® - TB Gold Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach lab report

OR

ﬦ Chest X-Ray Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach chest x-ray report

***Recommended Immunizations***

**Hepatitis A**

2 vaccinations required

#1 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gardasil or Cervarix**

3 vaccinations required

#1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that the information contained on this form is truthful and accurate to the best of my ability. I have represented myself fully.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature (if student is 18 years or older) Date**

Note the following:

1. All band members: Contact the Director of Bands regarding band requirements.

2. All student athletes: Contact the Athletic Department regarding your team’s requirements.

3. Exemptions:

Requests for exemption to these requirements based on religious grounds must be made in advance and signed by the student.

A medical exemption will be granted upon receipt of a written statement from a healthcare provider indicating the nature and duration of the medical condition which contraindicates an immunization, along with the specific vaccine identified as detrimental to the student's health, certifying pregnancy or suspected pregnancy, or verifying that the student is currently completing the course of all required immunizations. Medical exemptions expire when the medical condition(s) contraindicating immunization change in a manner which permits immunization.

In the event of an outbreak of any of the vaccine preventable diseases on or near campus, students holding exemptions will be excluded from all campus activities, for their protection, until the outbreak is declared to be over.