ACADEMIC YEAR 2009-10 IMMUNIZATION FORM: To ensure the health and safety of our campus, immunization against communicable diseases is extremely important. Vaccination against **Measles, Mumps and Rubella (MMR)** is required of transfer students, while the additional vaccinations listed in the following are required of all first-time freshmen beginning with Fall 2008. Please complete Part I and II of this form and submit the form.

PART I: IDENTIFICATION AND ACKNOWLEDGEMENT

Name: _____ _____ _____
Student Last Name (please print) Student First Name (please print) Student Middle Name (please print)

Date of Birth: _____ Admissions ID #: _____

Mark one: ☐ First-Time Freshmen ☐ Transfer ☐ Other (*If other is marked, explain.*) _____

Your signature is your acknowledgment that the information in this document is accurate.

_____ _____
Student Signature Date

_____ _____
Signature of Parent/Guardian (if student age is under 18) Date

PART II: REQUIRED IMMUNIZATIONS (month/day/year)

A. <u>M.M.R. (Measles, Mumps, Rubella)</u> - two doses required

Dose #1: ____/____/____ (given at age 12-15 months)
Dose #2: ____/____/____ (at least one month after first dose)

B. <u>Polio</u> – three doses required

Initial series:
Dose #1: ____/____/____ Dose #2: ____/____/___
Dose #3: ____/____/____

C. <u>Tetanus-Diphtheria-Pertussis (DTaP, Tdap, DT, and Td)</u>

Initial series:
Dose #1: ____/____/____ Dose #2: ____/____/____
Dose #3: ____/____/____ Dose #4: ____/____/____

Boosters: (most recent within last 10 years)
Dose: ____/____/____ (Td or TdaP?) please circle
Dose: ____/____/____ (Td or TdaP?) please circle

D. <u>Hepatitis B</u>

Three doses of vaccine.
Dose #1: ____/____/____ Dose #2: ____/____/____
Dose #3: ____/____/____

E. <u>Meningococcal vaccine</u>

Date: ____/____/____ Type of vaccine used: (circle) Menomune or Menactra

RECOMMENDED IMMUNIZATIONS
- Varicella (Chicken Pox)
- Tuberculosis Screening
- Pneumococcal Polysaccharide vaccine (Pneumovax).
- Influenza vaccine – Annual immunization recommended to avoid disruption to academic activities.
- Hepatitis A vaccine or combined Hepatitis A & B vaccine, especially for international travelers.
- Human Papillomavirus (HPV) vaccine Gardasil is recommended for females.
- Most students enrolled in a health care major will be required to have the Pertussis vaccination

Return completed form to:

WVU Tech & CTC @ WVU Tech
Office of Admission and Recruitment
Box 80 Old Main, 405 Fayette Pike
Montgomery WV 25136

PLEASE HAVE ALL REQUIRED VACCINATIONS COMPLETED BEFORE SENDING THIS FORM TO THE WVU TECH & CTC @ WVU TECH OFFICE OF ADMISSION AND RECRUITMENT.