

# UNIVERSITY OF CHARLESTON

## IMMUNIZATION FORM - Academic Year 20\_\_ - 20\_\_

### **PART I** : (please print)

Name: \_\_\_\_\_  
Last Name First Name Middle Name

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

### **PART II**: (REQUIRED IMMUNIZATIONS)

#### **A. M.M.R.** (Mumps, Measles, Rubella) – two doses required

Dose #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ (given at age 12-15 months)

Dose #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ (at least one month after first dose)

#### **B. Hepatitis B**

Three doses of vaccine or two doses of adult vaccine in adolescent 11-15 years of age.

Dose #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose #3: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **C. Meningococcal vaccine**

Date: \_\_\_\_\_ Type of vaccine used: (circle) Menomune or Menactra

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Signature of Student

Date

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Signature of Parent/Guardian (if under age of 18)

Date

Return completed form to:

University of Charleston  
Office of Student Life  
2300 MacCorkle Avenue  
Charleston, WV 25304  
Telephone: 304-357-4745 Fax: 304-357-4915  
E-mail: sle@ucwv.edu