

**UNIVERSITY OF CHARLESTON**  
**IMMUNIZATION FORM — ACADEMIC YEAR 2010-2011**

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 all students. In addition to the MMR, the following vaccinations are required of all residential students: Hepatitis B and Meningitis. ***Records must include a physician's signature and/or health department stamp.***

**PART I: (please print)**

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

Address \_\_\_\_\_  
Street City State Zip Code

D.O.B. \_\_\_\_\_ UC Student ID # \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you living on campus? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PART II: REQUIRED IMMUNIZATIONS (To be completed and signed by your health care provider.)**

**-MMR (Measles, Mumps, Rubella) – two doses required**

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_  
Date Date

**-Hepatitis B – three doses required**

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_  
Date Date Date

**-Meningococcal Vaccine**

\_\_\_\_\_ Type of vaccine used \_\_\_\_\_  
Date

PLEASE HAVE ALL REQUIRED SECTIONS COMPLETED BEFORE SUBMITTING THIS FORM.

All immunizations must be completed or in progress by August 25, 2010.

