



## STUDENT IMMUNIZATION FORM

**All in-seat students are required to complete this form and attach their immunization records.**

STUDENT INFORMATION		
_____	_____	_____
Last Name	First Name	Student ID
_____	_____	_____
Starting Term	Date of Birth	On-Campus or Off-Campus

ALL STUDENTS
<b><u>Mumps, Measles, Rubella</u></b>
Dose #1            /            / _____ Dose #2            /            / _____

RESIDENTIAL STUDENTS
<b><u>Hepatitis B</u></b>
Dose #1            /            / _____ Dose #2            /            / _____ Dose #3            /            / _____
<b><u>Meningococcal Meningitis (Menveo or Menactra)</u></b>
Dose #1            /            / _____

INTERNATIONAL STUDENTS
TB Screen        /            / _____

VERIFICATION	
_____	_____
Student Signature	Date
_____	_____
Parent Signature (If student under age of 18)	Date

Please return the completed form and attached records to:		
<b><u>Mail:</u></b>  University of Charleston Residence Life - Housing Applications 2300 MacCorkle Ave SE Charleston, WV 25304	<b><u>Fax:</u></b>  304.357.4915	<b><u>E-mail:</u></b>  ryanwhite@ucwv.edu

The full Immunization policy can be found online:  
<https://www.ucwv.edu/admissions/undergraduate/immunization-policy/>