

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

Residential Students	
<u>Hepatitis B</u>	
Dose #1	_____ / _____ / _____
Dose #2	_____ / _____ / _____
Dose #3	_____ / _____ / _____
<u>Meningococcal Meningitis (MCV4 / ACWY)</u>	
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:		
<u>Mail:</u> University of Charleston Residence Life - Housing Applications 2300 MacCorkle Ave SE Charleston, WV 25304	<u>Fax:</u> 304.357.4915	<u>E-mail:</u> reslife@ucwv.edu

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