

## Residential Immunization Form

**All Residential UC Students are required to complete this form and attach their immunization records.**

Resident Information			
_____	_____	_____	_____
Last Name	First Name	Student ID	Date of Birth

Required Immunizations			
<b><u>Mumps, Measles, Rubella</u></b>	<b>HEP B</b>	<b>Polio</b>	<b>TDAP</b>
Dose #1 _____	Dose #1 _____	Dose #1 _____	<b>Most Recent Dose</b>
Dose #2 _____	Dose #2 _____	Dose #2 _____	
	Dose #3 _____	Dose #3 _____	
<b>TB Screen (International Students)</b>	<b>Varicella</b>	<b>Menigitis ACWY</b>	
Results _____	Dose #1 _____	Dose after Age 16 _____	
Date _____	Dose #2 _____		

Verification			
_____	_____	_____	_____
Student Signature	Date	Parent Signature (If a student is under the age of 18)	Date

Please submit the form to:

Fax: 304.357.4915

Email: [reslife@ucwv.edu](mailto:reslife@ucwv.edu)

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