

West Virginia University

IMMUNIZATION FORM – Academic Year 2009-10

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 transfer students. In addition to the MMR, the following vaccinations are required of all first-time freshmen beginning with Fall 2009.

PART I: (please print)

Name: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip code

Date of Birth: _____ WVU Student ID #: _____

Telephone: _____ Email address: _____

What is your admission status? Freshman Transfer

PART II: REQUIRED IMMUNIZATIONS

A. M.M.R. (Measles, Mumps, Rubella) - two doses required

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

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

B. Polio – three doses required

Initial series -

Dose #1: ____/____/____ Dose #2: ____/____/____

Dose #3: ____/____/____

C. Tetanus-Diphtheria-Pertussis (DTaP, Tdap, DT, and Td)

Initial series:

Dose #1: ____/____/____ Dose #2: ____/____/____

Dose #3: ____/____/____ Dose #4: ____/____/____

Boosters: (most recent within last 10 years)

Dose: ____/____/____ (Td or Tdap?) please circle

Dose: ____/____/____ (Td or Tdap?) please circle

D. Hepatitis B

Three doses of vaccine.

Dose #1: ____/____/____ Dose #2: ____/____/____

Dose #3: ____/____/____

A 2 dose series may be considered complete only if **all** of these stipulations are met:

1. the 2 doses are completed between the ages of 11 and 15 years; and,
2. the vaccine must be Recombivax; and
3. the dose of the Recombivax must be the adult dose - the adult dose is 1.0 cc or 10ug
If the adolescent dose of 0.5 cc (5ug) is used, a third dose is required.

I meet all of the stipulations for the 2 dose series: _____
Signature

(Please complete and return both pages of this form)

