Albright COLLEGE

Gable Health and Counseling Center

IMMUNIZATION RECORD

To Be Completed By Student

_____

Last Name First Name Middle

_____

Address (Number and Street) City State Zip

Date of Birth ____/____/____ Date of Entry at Albright ____/____ (M Y) Student Status: Part-time _____ Full-time _____

Immunization Information

All information must be in English.

A. M.M.R. (MEASLES, MUMPS, RUBELLA) - Two doses required.

1. Dose 1 given at age 12 months or later ____/____/____ (M D Y) 2. Dose 2 given at least 28 days after first dose ____/____/____ (M D Y)

B. POLIO - Two doses required. Primary series, doses at least 28 days apart. Three primary series are acceptable.

1. OPV alone (oral Sabin three doses): #1 ____/____/____ (M D Y) #2 ____/____/____ (M D Y) #3 ____/____/____ (M D Y)
2. IPV/OPV sequential: IPV #1 ____/____/____ (M D Y) IPV #2____/____/____ (M D Y) OPV #3 ____/____/____ (M D Y) OPV #4 ____/____/____ (M D Y)
3. IPV alone (injected Salk four doses): #1____/____/____ (M D Y) #2 ____/____/____ (M D Y) #3____/____/_____ (M D Y) #4____/____/_____ (M D Y)

C. VARICELLA - Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.

1. History of Disease: Yes _____ No _____ or birth in U.S. before 1980: Yes _____ No _____

or

2. Varicella antibody: ____/____/____ (M D Y) Result: Reactive _____ Non-reactive _____

or

3. Immunization: #1 ____/____/____ (M D Y) #2 ____/____/____ (M D Y) given at least 12 weeks after first dose if ages 1 -12 years, and at least 4 weeks after first dose if age 13 years or older.

D. TETANUS-DIPHTHERIA-PERTUSSIS - Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate.

1. Primary series of four doses with DTaP, DTP, DT, or Td:

   #1 ___/___/___ (M D Y) #2 ___/___/___ (M D Y) #3 ___/___/___ (M D Y) #4 ___/___/___ (M D Y)

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible): ____/____/____ (M D Y)
3. Booster: Td within the last ten years. . . . . ____/____/____ (M D Y)

E. HEPATITIS B

1. Immunization (hepatitis B)

   Dose #1 ____/____/____ (M D Y) Dose #2 ____/____/____ (M D Y) Dose #3 ____/____/____ (M D Y)

   or

2. Hepatitis B surface antibody: Date ____/____/____ (M D Y)

   Result: Reactive_____ Non-reactive_____

F. MENINGOCOCCAL TETRAVALENT

1. A,C,Y,W-135 / One dose Tetravalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date ____/____/____ (M D Y)

2. Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):

   Date ____/____/____ (M D Y)

G. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV) **(optional)**

Three doses of vaccine for male and female college students 11-26 years of age, at 0, 2, and 6 month intervals.

#1 ____/____/____ (M D Y) #2 ____/____/____ (M D Y) #3 ____/____/____ (M D Y)

H. HEPATITIS A **(optional)**

1. Immunization (hepatitis A)

   Dose #1 ____/____/____ (M D Y) Dose #2 ____/____/____ (M D Y)

2. Immunization (Combined hepatitis A and B vaccine)

   Dose #1 ____/____/____ (M D Y) Dose #2 ____/____/____ (M D Y) Dose #3 ____/____/____ (M D Y)