



Student Health Record
FORM A

Immunization Verification Form p. 1 of 2

This form is required for all resident and half-time commuter students

This form is required by Quibin Student Health Services-Rivier University for all resident and half-time commuter students, and does not replace other forms that may be required by specific departments.

Check one: I am a _____ resident, or _____ commuter student.

Name of Student _____
Date of Birth _____ Last Four Digits of Social Security # _____
Home Address _____
Street and number

City, State, Zip Code

REQUIRED VACCINES: The following 3 immunizations are required by Rivier University Health Services for all resident students and half-time commuter students:

- 1 - MMR (Measles, Mumps, Rubella) 2 doses _____
Date Date
- 2 - *Tetanus/Diphtheria (Tdap recommended) (within 10 years) _____
Date
- 3 - *Meningitis Vaccine _____
Date

Tetavalent conjugate preferred; tetavalent polysaccharide acceptable alternative if conjugate not available
**Efforts should be made to administer Tdap and tetavalent meningococcal conjugate (MCV4) simultaneously, if both are indicated (American College Health Association (ACHA) 2008.*

RECOMMENDED Vaccines:

Hepatitis B #1 _____ #2 _____ #3 _____
Or date of Hepatitis B titer _____

Gardasil Vaccine (females: cervical cancer)
#1 _____ #2 _____ #3 _____
2 months later 6 months after #1

I have verified the above immunization dates.

Name of Health Care Provider (print) _____
Signature _____
Address _____
Date _____ Phone _____

