

For the Liberal Arts, the Environment, and Social Justice

VACCINATION INFORMATION

Last Name	First Name	Middle Initial	
residences. The immur	nization policy is design	ED for all students residing in any or ed to protect the health of all studen er their rooms until satisfactory com	ts. Students
self-reports are unaccep		er must certify immunization data; he or military immunization records w	
A. MMR (Measles/Mu	mps/Rubella) 1 st MMR	Date 2 nd MMR Date	
B. Hepatitis B Dose 1	Date Dose 2	Dose 3 Date	
C. Meningococcal Mening	gitis Date	-	
Physician's Signature	Date	License # and Office Stamp w	TTH ADDRESS
		on regarding the risks of contracting ential benefits of being vaccinated to	_
	eive the Hepatitis B vac vaccinated for meningo		
Student Signature	Date		
Our records also require and single.	e a signature of the stud	ent's parent or guardian if the studer	nt is under 18
Parent/Guardian Signature	Date		