

The Certificate of Immunization and TB Screening must be completed and submitted to the Office of Undergraduate Admissions. Note: students seeking exemption or religious grounds should refer to Part IV of this form.

Required Immunizations	Vaccine Doses Administered				
<input type="checkbox"/> Hep. B only or <input type="checkbox"/> Combined Hep. A + B or <input type="checkbox"/> Titers (attached copy of results)	Check one: <input type="checkbox"/> 2-dose series <input type="checkbox"/> 3-dose series	1 _____ MM / DD / YY	2 _____ MM / DD / YY	3 _____ MM / DD / YY	• You may choose to submit a waiver for this immunization.
Must have at least one vaccine after the age of 16.	1 _____ MM / DD / YY	2 _____ MM / DD / YY	• You may choose to submit a waiver for this immunization.		
<i>Students born before 1957 are not required to have a second MMR vaccination.</i>	1 _____ MM / DD / YY	2 _____ MM / DD / YY	• You may choose to submit titers indicating positive immunity in lieu of this section.		
Tetanus Diphtheria (Td) or Tetanus Diphtheria Acellular Pertussis (Tdap)	_____ MM / DD / YY	• Must have been live within the last ten years.			
	_____ MM / DD / YY				

Recommended Immunizations	Vaccine Doses Administered		
	1 _____ MM / DD / YY	2 _____ MM / DD / YY	B ster _____ MM / DD / YY
	1 _____ MM / DD / YY	2 _____ MM / DD / YY	3 _____ MM / DD / YY
Age 26 Or Under	1 _____ MM / DD / YY	2 _____ MM / DD / YY	3 _____ MM / DD / YY
<i>Tetanus Diphtheria (Td) is required (see above)</i>	_____ MM / DD / YY	• Must have been live within the last ten years.	
	1 _____ MM / DD / YY	2 _____ MM / DD / YY	

