The following vaccine information is mandatory:

A. M.M.R. (MEASLES, MUMPS, RUBELLA)
   (Two doses requirement at least 28 days apart for students born after 1956)
   1. Dose 1 given after 12 months of age. Dose#1 ___/___/___
   2. Dose 2 given at least 28 days after first dose. Dose#2 ___/___/___

B. TETANUS-DIPHTHERIA-PERTUSSIS
   (Primary series with DTaP, DTP, DT, or Td, First Tdap at 11 or 12 years of age or later and booster must be within the last ten years.)
   1. Primary series of four doses with DTaP, DTP, DT, or Td:
      Dose#1 ___/___/___, Dose#2 ___/___/___, Dose#3 ___/___/___, Dose#4 ___/___/___
      in addition to Tdap booster below
   2. Booster: within the last ten years
      Tdap ___/___/___

C. VARICELLA
   1. Immunization, note 2 dose requirement
      Dose#1 ___/___/___, given after 12 months of age
      Dose#2 ___/___/___ given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after the first dose if age 13 years or older
      OR
      History of Disease Yes No If so, when? __________________________ Health Care Professional signature: __________________________

D. MENINGITIS (MenACYW)
   (One dose is required at age 16 or older)
   Vaccine OR Waiver is required of all Swarthmore College Residence Students
   Date of Vaccinations:
      Dose#1 ___/___/___ Dose#2 ___/___/___

E. MENINGITIS B
   The vaccine series must be completed with the same vaccine.
   1. MenB-RC (Bexsero) routine outbreak-related
      Dose #1 ___/___/___ Dose #2 ___/___/___
      OR
   2. MenB-FHbp (Trumenba) routine outbreak-related
      Dose#1 ___/___/___ Dose#2 ___/___/___ Dose#3 ___/___/___

F. COVID-19
   The vaccine series must be completed with the same vaccine.
   1. Johnson & Johnson’s Janssen
      Dose #1 ___/___/___
   2. Moderna - two doses separated by 28 days
      Dose #1 ___/___/___ Dose #2 ___/___/___
   3. Pfizer-BioNTech - two doses separated by 21 days
      Dose #1 ___/___/___ Dose #2 ___/___/___
G. HEPATITIS B

1. Immunization (hepatitis B)
   Dose #1 / /  
   Dose #2 / /  
   Dose #3 / /  
   Adult formulation___Child formulation___  
   OR

2. Immunization (Combined hepatitis A and B vaccine)
   Dose #1 / /  
   Dose #2 / /  
   Dose #3 / /  
   OR

3. Hepatitis B surface antibody
   Date / /  
   Result: Reactive___ Non-reactive___

H. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable See ACIP website for details)

1. OPV alone (oral Sabin three doses)  Dose#1 / / , Dose#2 / / , Dose#3 / /  
   OR

2. IPV/OPV sequential: IPV#1 / / , IPV#2 / / , OPV#3 / / , OPV#4 / /  
   OR

3. IPV alone (injected Salk four doses): Dose#1 / / , Dose#2 / / , Dose#3 / / , Dose#4 / /  

I. HEPATITIS A

1. Immunization (hepatitis A)
   Dose#1 / /  
   Dose#2 / /  

2. Immunization (Combined hepatitis A and B vaccine)
   Dose#1 / /  
   Dose#2 / /  
   Dose#3 / /  

J. HUMAN PAPILLOMA VIRUS VACCINE (HPV)

Immunization (indicate which preparation, if known) Quadrivalent (HPV4)_______ 9-valent (HPV9)_______

   Dose#1 / /  
   Dose#2 / /  
   Dose#3 / /  

K. INFLUENZA (provide date of most recent dose)  Dose#1 / /  

L. OTHER VACCINES IF APPLICABLE: ____________________________

_________________________  ___________________________

Health Care Provider  Date: ___________________________

*Please attach all immunization records to this form

_________________________  ___________________________

Printed Name: ____________________________  Phone: ____________________________

_________________________

Address: ____________________________