



Esry Student Health Center – Blum 203  
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Please fill the form and return to [health@missouriwestern.edu](mailto:health@missouriwestern.edu) prior to your arrival

### IMMUNIZATION DOCUMENTATION FORM

Last Name	First Name	MI	Male	Female	G-number
Address		City	State		Zip
( )	( )	Date of Birth		Age	
Phone	Cell Phone				

**Must Be Completed and Signed By Your Health Care Provider**

**REQUIRED IMMUNIZATION** for MWSU students living on campus \*\*\*Required immunizations are for your protection against these communicable diseases and area required by Missouri State Law.

#### 1. Meningococcal Immunization – Proof of receipt of the Meningococcal Vaccine given at 16 years of age or older.

MCV or MPSV4

MM/DD/YYYY

**Health Care Provider (signature required)** To the best of my knowledge, the person above has received the above immunizations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
Street/P.O. Box

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

**HIGHLY RECOMMENDED IMMUNIZATIONS (but not required)** for all MWSU students. \*\*\*Recommended immunizations are for your protection against these communicable diseases.

#### M.M.R. (Measles, Mumps, Rubella) (two doses required for students born in 1957 or later)

Dose 1 given at age 12-15 months or later.

#1 MM/DD/YYYY

Dose 2 given at age 4-6 years or later, and at least one month after first dose.

#2 MM/DD/YYYY

Laboratory/serologic evidence of immunity (attach copy of titer and date).

#### Tetanus-Diphtheria-Pertussis

Tdap booster to be given within the last 10 years.

MM/DD/YYYY

#### Serogroup B Meningococcal Vaccine (MenB): (2-3 doses) Even if incomplete, provide dates of any doses.

Dose #1: MM/DD/YYYY

Dose #2: MM/DD/YYYY

Dose #3: MM/DD/YYYY

## Hepatitis A

### Immunization (hepatitis A)

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

### Immunization (Combined hepatitis A and B vaccine)

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

**Hepatitis B** – Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody.

### Immunization (hepatitis B)

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

### Immunization (combined hepatitis A and B vaccine)

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Hepatitis B surface antibody Date: \_\_\_\_\_ Result: Reactive Non-reactive  
MM/DD/YYYY

**Varicella** – Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine.

History of Disease	Yes	No	or	Birth in U.S. before 1980	Yes	No
Varicella antibody	_____			Result:	Reactive	Non-reactive
	MM/DD/YYYY					

### Immunization

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ given at least 12 weeks after first dose ages 1-12  
MM/DD/YYYY MM/DD/YYYY and at least 4 weeks after first dose if age 13 years or older.

**Polio** – Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.

OPV alone (oral Sabin three doses): Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

IPV/OPV sequential: Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

IVP alone (injected Salk four doses):

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_ Dose #4: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

**Influenza** – Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to other individuals.

Date \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

**HPV** – Quadrivalent Human Papillomavirus Vaccine – Three doses of vaccine for college students 11-26 years of age at 0, 2, and 6 month intervals.

Immunization HPV:

Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_ Dose #3: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY