

**Saint Joseph's College of Maine
Health and Wellness Center**

278 Whites Bridge Road, Standish, ME 04084-5236

Tel (207) 893-6634 / Fax (207) 893-7865

PLEASE PRINT

STATE OF MAINE IMMUNIZATION REQUIREMENT

ALL STUDENTS MUST HAVE A PHYSICIAN, NURSE OR HEALTH OFFICIAL COMPLETE AND SIGN THIS FORM AND/OR PRESENT A COPY OF AN OFFICIAL RECORD OF IMMUNIZATION SIGNED BY YOUR HEALTH CARE PROVIDER. A SECOND MMR IS REQUIRED BEFORE ENTERING SAINT JOSEPH'S COLLEGE. ADEQUATE DOCUMENTATION OF ALL IMMUNIZATIONS MUST BE PROVIDED TO THE ABOVE ADDRESS, **45 DAYS PRIOR TO COMING ON CAMPUS**, OR AS SOON AS POSSIBLE FOR LATE ACCEPTANCES.

STUDENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY #
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I. State of Maine REQUIRED Immunizations for ALL STUDENTS

- A. Tdap or Td Booster within the past 10 years, Date & Type: _____, and every 10 years thereafter as long as the student attends school.
- B. MMR (2 doses). Dose #1 Date: _____ Dose #2 Date: _____
Or, MMR Titer: Measles (Rubeola). Date/Result: _____
 Rubella. Date/Result: _____
 Mumps. Date/Result: _____

II. RECOMMENDED by Saint Joseph's College for ALL STUDENTS

- A. Hepatitis B Series (3 doses). Dose #1 Date: _____ Dose #2 Date: _____ Dose #3 Date: _____
- B. Meningococcal Vaccine. Date & Type: _____
- C. Varicella (2 doses). Dose #1 Date: _____ Dose #2 Date: _____

III. Nursing Majors ONLY – MANDATORY

- A. Hepatitis B Titer. Date/Result: _____
- B. Varicella Titer (unless 2 vaccines received). Date/Result: _____
- C. Tuberculin Test within 6 months of enrollment.
Type/Date Administered: _____ Signature: _____
Date Read: _____ Induration: _____ Results: _____ Signature: _____

Signature of Physician / Health Care Professional

Date

Name and Address of Physician / Health Care Professional (printed or typed)

EXEMPTIONS:

Students are exempt from the mandatory immunization requirements (Measles, Mumps, Rubella, Tetanus/Diphtheria [Td or Tdap]), if there is a medical contraindication or if religious belief prohibits immunizations. A signed statement indicating specific medical contraindications from your medical provider is required for medical exemption. A notary signed statement stating religious objections to immunization must be submitted to the Health and Wellness Center. Exemption for either medical or religious reasons subjects the individual to exclusion from campus in the event of an outbreak of a disease for which the immunizations are required.