



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. MAINE STATE LAW REQUIRES A PERSON BORN AFTER 1956 PROVIDE IMMUNIZATION INFORMATION.

STUDENT'S NAME

DATE OF BIRTH

STUDENT ID #

**I. State of Maine REQUIRED Immunizations for ALL STUDENTS**

- A. Tdap or Td Booster within the past 10 years and every 10 years thereafter as long as the student attends school.

Tdap Date: \_\_\_\_\_ Td Booster Date: \_\_\_\_\_

- B. MMR (2 doses). Dose #1 Date: \_\_\_\_\_ Administered after (not on) the first birthday  
 Dose #2 Date: \_\_\_\_\_

In lieu of MMR vaccination records, you may submit laboratory evidence of positive immunity to Measles (Rubeola), Mumps, Rubella. *Attach lab report to this form.*

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: \_\_\_\_\_

- D. Hepatitis A Series (2 doses). Dose #1 Date: \_\_\_\_\_ Dose #2 Date: \_\_\_\_\_

- E. 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 signed statement opposing to immunization of a sincere religious belief or for moral, philosophical or other reasons must be submitted to the Health and Wellness Center. Exemption for any reason subjects the individual to exclusion from campus in the event of an outbreak of a disease for which the immunizations are required.

JUN2015