## West Virginia University IMMUNIZATION FORM – Academic Year 2012-13

To ensure the health and safety of our campus, immunization against communicable diseases is extremely important.

PART I: (please print)				
Name:				
Last Name	First Name	Middle Name		
Address:				
Street City State Zip code				
Date of Birth:	WVU Student ID #: _			
Telephone:	Email address:			
What is your admission status?	Freshman Transfer			
The following vaccinations are requ	<b>uired</b> of all first-time freshmer	ı, and all transfer students:		
DADT II. <b>DEGINDEN IM</b> A	MIINITATIONS			
PART II: <b>REQUIRED IMM</b>	IUNIZATIONS			
A. M.M.R. (Measles, Mu	ımps, Rubella) - two doses re	eauired		
Dose #1:/ (given at	<u>-</u>	1		
Dose #2:/ (at least one month after first dose)				
B. <u>Polio</u> – three doses req	luired			
Initial series -				
Dose #1:/ Dose #2	2:/			
Dose #3:/				
C Tetanus-Dinhtheria-Pe	ertussis (DTaP, Tdap, DT, or	· Td)		
Initial series:	russis (D rui, ruup, D i, or			
Dose #1:/ Dose #2	<b>)</b> · / /			
Dose #3:/ Dose #4				
Boosters: (most recent within last				
Dose:/ (Td or Tda	•			
Dose:/(Td or Tda	· •			
(1d of 1dd	1.) picuse circie			
D. <u>Hepatitis B</u> - Three do	ses required			
Dose #1:/ Dose #2	•			
Dose #3:/				
A 2 dose series may be considered of	complete only if <b>all</b> of these st	tipulations are met:		
1. the 2 doses are completed between		•		
2. the vaccine must be Recombivax	•	•		
3. the dose of the Recombivax must		dose is 1.0 cc or 10ug		
If the adolescent dose of 0.5 cc (5ug		•		
I meet all of the stipulations for the	_			
-		Signature		

Please complete and return both pages of this form.

More required vaccines continued on next page.

students who will be u	nder the ago was greater Type of va	e of 22 at the da than 5 years pri	te of matricula or to matricula	ion to WVU is required for all WVU ation. If the primary dose ation, then a booster is required. e or Menactra
PART III: <b>RECO</b>	MMEND	ED IMMUN	IZATIONS	
□ Varicella (Chicken	Pox)			
☐ Tuberculosis Screen	ing			
☐ Pneumococcal Poly	saccharide v	vaccine (Pneumo	ovax).	
☐ Influenza vaccine — activities.	Annual im	munization reco	mmended to a	void disruption to academic
☐ Hepatitis A vaccine	or combine	ed Hepatitis A &	B vaccine, es	specially for international travelers.
☐ Human Papillomav	irus (HPV)	vaccine – Garda	sil is recomme	ended (for females and males).
☐ Most students enrol	led in a hea	lth care major w	vill be required	I to have the Pertussis vaccination.
Student Name (print): _				
4 %=	First	Middle	Last	
Signature of Student				Date
Signature of Parent/Guardian (i ***************************			******	Date
Return completed form	At PC HS Mo Te	ELLWVU Studentn: Kathy Kelly D Box 9247 SC, WVU organtown, Westlephone: 304-293-271;	t Virginia 265 93-4669	06

NOTE: Some of the vaccinations require multiple doses and are administered over several months. Please make sure, if you have not had these vaccinations, you begin early so you can complete them prior to submitting this form.

PLEASE HAVE ALL REQUIRED VACCINATIONS COMPLETED BEFORE SENDING THIS FORM TO WVU.