



# DIVISION OF STUDENT ENGAGEMENT AND SUCCESS

## Immunization Information

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ WU ID# \_\_\_\_\_

Current Address \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian if student is a minor)

### **Wilberforce University requires that students have the following vaccinations:**

- Measles, Mumps & Rubella (MMR) – 2 doses, at least one year apart
- Meningococcal vaccine – one at or after age 16
- Hepatitis B (3 doses)
- Polio (3 doses or positive titer)
- Varicella (chickenpox) (2 doses)
- Tetanus, Diphtheria and Pertussis (Tdap) (within the last 10 years)

MMR (Measles, Mumps, Rubella – Combined) Vaccine dates \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Tetanus or Td \_\_\_\_\_ PPD \_\_\_\_\_ (Was your PPD Negative or Positive)

Meningococcal A, C, W, Y vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: 1<sup>st</sup> Dose \_\_\_\_\_  
2<sup>nd</sup> Dose \_\_\_\_\_

Meningococcal B vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: 1<sup>st</sup> Dose \_\_\_\_\_  
2<sup>nd</sup> Dose \_\_\_\_\_  
3<sup>rd</sup> Dose \_\_\_\_\_

Hepatitis B vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: 1<sup>st</sup> Dose \_\_\_\_\_  
2<sup>nd</sup> Dose \_\_\_\_\_  
3<sup>rd</sup> Dose \_\_\_\_\_

Have you had chicken pox (Varicella) or the vaccination? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide dates of varicella vaccinations)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you had a Tetanus, Diphtheria and Pertussis vaccination within the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please provide date of the last Tdap vaccine) \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Signature & Stamp \_\_\_\_\_  
(Please print) (Mandatory signature and stamp)

Date: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

Revised 05/20/2021