**Clark University Health Services**

**Graduate Immunization Record**

Legal Name (Last, First):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_ Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY) Sex assigned at birth: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Year Entered:\_\_\_\_\_\_\_\_\_\_

Pronouns: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clark ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Country: \_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Clark Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_

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| **REQUIRED VACCINES** | **DATES GIVEN** |
| **Measles, Mumps, Rubella**: 2 doses MMR  Dose 1 12 months of age or after, Dose 2 at least 28 days after Dose 1 OR MMR immune serology (titer) accepted **(attach lab documentation)** | **MMR**  MM/DD/YYYY Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  OR Lab documentation attached \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Result: \_\_\_\_\_\_\_\_\_ |
| **Hepatitis B** : Dose 1 and 2 at least 4 weeks apart; Dose 2 and 3 at least 8 wks apart: at least 16 weeks between doses 1 and 3  OR Heplisav two dose series one month apart ≥ 18 years old  OR Hepatitis immune serology (titer) accepted **(attach lab documentation)** | **HEP B**  MM/DD/YYYY Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  OR Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  OR Lab documentation attached \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Result: \_\_\_\_\_\_\_\_\_ |
| **Meningococcal Vaccine** **(ACWY)** **Required ≤ 21 years of age:**  One dose age ≥ 16 years old OR May choose to waive the vaccine.  Must read, sign, and attach waiver | **Meningococcal Vaccine**  Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ OR  Waiver attached \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Tetanus-Diphtheria and Pertussis:**  1 dose within the past 10 years  Td or Tdap must be given if >10 years since Tdap | **Tdap** MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  **Td** MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Varicella Vaccine (Chicken Pox)**: 2 doses of Varicella at least 4 wks apart after 12 months of age  OR History of disease OR Varicella immune serology (titer) accepted **(attach lab documentation)** | **Varicella**  MM/DD/YYYY Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_ OR History of disease \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Lab documentation attached \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Result: \_\_\_\_\_\_\_\_\_ |
| **Tuberculosis Screening Form Required - Please attach** | **Tuberculosis Screening form completed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| **OTHER RECOMMENDED VACCINES** | **DATES GIVEN** |
| **Covid Vaccine** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pfizer: 2 doses, 3-8 weeks apart Moderna: 2 doses, 4-8 weeks apart J&J (Janssen): 1 dose Novavax: 2 doses, 3-8 weeks apart OR 1 Bivalent booster if you never received primary series  WHO approved (outside of US):  [AstraZeneca/Oxford,](https://www.who.int/news-room/feature-stories/detail/the-oxford-astrazeneca-covid-19-vaccine-what-you-need-to-know) [Sinopharm](https://www.who.int/news-room/feature-stories/detail/the-sinopharm-covid-19-vaccine-what-you-need-to-know), [Sinovac](https://www.who.int/news-room/feature-stories/detail/the-sinovac-covid-19-vaccine-what-you-need-to-know), [COVAXIN](https://www.who.int/news-room/feature-stories/detail/the-bharat-biotech-bbv152-covaxin-vaccine-against-covid-19-what-you-need-to-know), [Covovax](https://www.who.int/news/item/17-12-2021-who-lists-9th-covid-19-vaccine-for-emergency-use-with-aim-to-increase-access-to-vaccination-in-lower-income-countries), [CanSino](https://www.who.int/news-room/feature-stories/detail/the--cansino-biologics-ad5-ncov-s--recombinant---covid-19-vaccine--what-you-need-to-know) | **Covid**  Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Booster (if applicable) Name \_\_\_\_\_\_\_\_\_\_\_ Date­­­\_\_\_/\_\_\_\_/\_\_\_\_  Booster dose at least 2 months after last dose OR as primary dose |
| **Human Papillomavirus (HPV):**  3 doses of HPV if initiated at age 15 years or older (0, 1-2, 6 months) OR 2 doses if initiated before age 15 years. Dose 2 6-12 months after 1st dose | **HPV**  MM/DD/YYYY Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Hepatitis A:**  2 doses 6 months apart age 12 months and older | **Hep A**  Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Meningitis B:** (Check vaccine and dose schedule below)  □ Trumenba □ 2 or □ 3 dose schedule  □ Bexsero 2 doses at least 1 month apart | Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **Pneumococcal** (If high risk medical condition) | Pneumococcal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| **Influenza** | Influenza Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

Healthcare Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NP, PA, MD, DO (Please print)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Healthcare Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_