Nazareth University
**Health and Counseling Services**

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# IMMUNIZATION RECORD
## for
## INTERNATIONAL STUDENTS ONLY

**MUST BE COMPLETED BY DOCTOR OR CLINIC**
**(Then please upload this form to the Student Health Portal)**

**Name:** _____ **Date of Birth: M_____/D_____/Y_____**

## MANDATED Immunizations
**2 MMRs (Measles, Mumps, Rubella)**

**Month/Day/Year**

**MMR #1: On or after first birthday &** _____/_____/_____

**MMR #2: At least one (1) month after the first dose** _____/_____/_____

**COVID** Brand: _____ Dose #1____/____/____ Dose #2____/____/____

***RECOMMENDED Immunizations***

**Tetanus Booster** Tdap _____/_____/_____ OR Td _____/_____/_____
**Meningococcal Vaccine** #1 _____/_____/_____ #2 _____/_____/_____
**Hepatitis B Series** #1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____
**Varivax** #1 ___/_____/_____ #2 _____/_____/_____

WAIVER: I have reviewed the information regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine. I have elected NOT to get the vaccine. Signature of Student:_____
Parent/Guardian if student under 18:_____ Date: _____

_____
**Doctor Signature**

_____
**Address**

**Doctor Stamp**

Revised 03/12/2021