

# NAZARETH COLLEGE

Health and Counseling Services

4245 East Ave., Rochester, NY 14618 ▪ 585-389-2500 ▪ naz.edu/health-and-counseling



## Immunization Records for International Students Only

**MUST BE COMPLETED BY DOCTOR OR CLINIC**  
then  
Mail, scan & email ([smaster3@naz.edu](mailto:smaster3@naz.edu)) or fax (585) 389-2503

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

**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	____/____/____

*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**