



NORTHEASTERN BAPTIST COLLEGE

Immunization Record

While the information presented on this form is confidential and will not affect your admission status, **we must have the following information to legally allow you to enroll in classes or reside in student housing.** If you are claiming an exemption for a vaccination based on medical, religious, or philosophical reasoning, the Vermont State exemption form must be submitted along with or in lieu of this Immunization Record.

Student's name: _____

Date of birth: _____

Vaccines

MMR

Measles

Mumps

Rubella

Dates given

#1 __/__/__ #2 __/__/__

or positive titer __/__/__

#1 __/__/__ #2 __/__/__

or positive titer __/__/__

#1 __/__/__ #2 __/__/__

or positive titer __/__/__

#1 __/__/__ #2 __/__/__

or positive titer __/__/__

Tdap or Td

O Tdap __/__/__

O Td __/__/__

Meningococcal

#1 __/__/__

#2 __/__/__

Varicella

#1 __/__/__ #2 __/__/__

or positive titer __/__/__

or history of disease:

__/__/__

Hepatitis B

#1 __/__/__

#2 __/__/__

#3 __/__/__

or positive titer __/__/__

Vermont State Requirements

MMR:

- Option of combined MMR or individual vaccines,
- 2 doses or positive titers,
- minimum of 4 weeks between doses,
- first dose give after first birthday,

Tdap/Td:

- 1 Tdap/Td booster within last 10 years

Meningococcal:

- Only required of students under age of 22 living in student housing.
- Second dose is required if first dose was given under the age of 16

Varicella:

- 2 doses or positive titer or history of disease
- minimum of 4 weeks between doses if 13 or older
- submit VT documentation if history of disease

Hepatitis B:

- 3 doses or positive titer • min age for 3rd dose 24 wks
- 4 wk min. interval between dose 1 and 2
- 8 wk min. interval between dose 2 and 3
- 16 wk min. interval between dose 1 and 3

Signature of Health Care Provider:

Print

Signature

Date

Address

Phone

Return to: Becky McDill, Registrar @ Northeastern Baptist College, P.O. Box 4600, Bennington, VT 05201