Return by July 31st to:
Student Health Center
204 W. Washington Street
Lexington, VA 24450
Fax: (540) 458-8404
studenthealth@wlu.edu
Phone: (540) 458-8401

IMMUNIZATION RECORD

This form is to be completed and signed by your healthcare provider.

WASHINGTONGAND LEE
UNIVERSITY
Lexington, Virginia 24450-2116

REQUIRED IMMUNIZATIONS

A. M.M.R. (MEASLES, MUMPS, RUBELLA)  (Two doses required at least 28 days apart for students born after 1956.)
1. Dose 1 given at age 12 months or later ..................................................................................................................... #1 ___/___/___
   M     D       Y
2. Dose 2 given at least 28 days after first dose ............................................................................................................ #2 ___/___/___
   M     D       Y

B. TETANUS-DIPHTHERIA-PERTUSSIS  (Primary series AND booster within the last ten years. See ACIP for details)
1. Primary series of four or five doses
   with DTaP, DTP, DT, OR Td:………………….. #1 ___/___/___   #2 ___/___/___   #3 ___/___/___   #4 ___/___/___  #5 ___/___/___
   M     D       Y                M     D       Y                 M     D       Y                M     D       Y                M     D       Y
2. Booster within the last ten years: Tdap (Adacel or Boostrix)        ___/___/___
   M     D       Y
   (specify type)                            OR Td (Decavac)                     ___/___/___
   M     D       Y

C. POLIO  (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)
1. OPV alone (oral Sabin three doses):  OPV #1 ___/___/___    OPV #2 ___/___/___    OPV #3 ___/___/___
   M       D      Y                            M      D      Y                            M      D      Y
2. IPV/OPV sequential:  IPV #1 ___/___/___   IPV #2 ___/___/___   OPV #3 ___/___/___   OPV #4 ___/___/___
   M      D      Y                       M      D     Y                           M      D      Y                           M      D     Y
3. IPV alone (injected Salk four doses):  IPV #1___/___/___   IPV #2 ___/___/___   IPV #3___/___/____  IPV #4___/___/____
   M       D      Y                         M       D      Y                       M      D      Y                         M      D      Y

D. VARICELLA  (History of chicken pox, birth in the U.S. before 1980, a positive varicella antibody test OR two doses of vaccine.)
1. History of disease ........................................................................................................................................... #1 ___/___/___
   M     D       Y
2. Varicella antibody .............................................................................................................................................. Date tested ___/___/___  Result:  Reactive  Non-Reactive
3. Immunization
   a. Dose #1 .............................................................................................................................................................. #1 ___/___/___
   b. Dose #2 given at least 4 weeks after first dose ..................................................................................................... #2 ___/___/___

E. HEPATITIS B  (Three doses of vaccine, OR two doses of adult vaccine in adolescents 11-15 years of age, OR a positive hepatitis B surface antibody meets the requirement.)
1. Immunization (hepatitis B)............................................................................................................................. Dose #1 ___/___/___   Dose #2 ___/___/___   Dose #3 ___/___/___
   M      D       Y                          M      D       Y                              M       D      Y
   Adult formulation___          Adult formulation___           Adult formulation___
   Child formulation___          Child formulation___           Child formulation___
2. Immunization (Combined hepatitis A and B vaccine).........Dose #1 ___/___/___   Dose #2 ___/___/___   Dose #3 ___/___/___
   M      D       Y                          M      D       Y                              M       D      Y
3. Hepatitis B surface antibody: .............................................................. Date tested ___/___/___  Result:  Reactive  Non-reactive

F. MENINGOCOCCAL QUADRIVALENT  (A,C,Y,W-135)  Two dose primary series (if started before age 16) or single dose (if given at or after age 16) for all first-year college students living in residence halls. All incoming college students age 21 or younger should have a dose no more than 5 years before enrollment. Other students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease, but vaccination is optional for these students.
1. Quadrivalent meningococcal conjugate vaccine: ................................................................................................. #1 ___/___/___
   M     D       Y
2. Dose #2 (at least 8 weeks after first dose) if initial dose given before age 16, or for persons with ongoing risk: .... #2 ___/___/___
   M     D       Y

Please continue to page 2.
G. HUMAN PAPILLOMAVIRUS
(For both males and females; Two doses of vaccine if started between 9-14 years of age, or three doses of vaccine if started between 15-26 years of age, at 0, 1-2, and 6 month intervals.)
Specify Quadrivalent (HPV4) ___ or 9-valent (HPV9) ____ Immunization Dates: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

H. INFLUENZA
Annual immunization recommended for all college students to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals.

I. HEPATITIS A
1. Immunization Date (hepatitis A) ............................................................. #1 ___/___/___ #2 ___/___/___
or
2. Immunization Date (Combined hepatitis A and B vaccine) ......................#1 ___/___/___ #2 ___/___/___ #3 ___/___/___

J. SEROGROUP B MENINGOCOCCAL VACCINE
Young adults aged 16-23 may be vaccinated with either a 2-dose series of Bexsero or a 2 or 3-dose series on Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The same vaccine product must be used for all doses: .................. Bexsero #1 ___/___/___ #2 ___/___/___ or Trumenba #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

K. PNEUMOCOCCAL VACCINE
•Adults age 19 through 64 with certain chronic medical conditions (diabetes, chronic heart, lung or liver disease, alcoholism, cigarette smoking) and adults age 65 and older: one dose of PPSV23.
•Age 19 and older with immunocompromising conditions or medications, chronic renal failure, malignancy, solid organ transplant, sickle cell disease, no spleen: one dose of PCV13 followed by one dose of PPSV23 at least 8 weeks later, repeated after 5 years.
•Age 19 and older with cerebrospinal fluid leak or cochlear implant: one dose of PCV13 followed by one dose of PPSV23 at least 8 weeks later.

L. SARS-CoV-2 (COVID-19) VACCINE
Full immunization against SARS-CoV-2 is strongly recommended. Single dose or two dose series and timing between doses based on which vaccine is received. Additional doses may be recommended in the future to cover variant strains or boost immunity.

Dose #1: Product Name/Manufacturer ____________________________ Date ___/___/___
Dose #2: Product Name/Manufacturer ____________________________ Date ___/___/___
Additional Dose: Product Name/Manufacturer ______________________ Date ___/___/___
Additional Dose: Product Name/Manufacturer ______________________ Date ___/___/___
Additional Dose: Product Name/Manufacturer ______________________ Date ___/___/___

HEALTHCARE PROVIDER NAME _____________________________________________
ADDRESS __________________________________________________________________
PHONE ___________________________ FAX __________________________
SIGNATURE ______________________ DATE ____________________________

(Rev. 3/21)