

Return by July 31<sup>st</sup> to:

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# WASHINGTON AND LEE UNIVERSITY

Lexington, Virginia 24450-2116

# IMMUNIZATION RECORD

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

STUDENT'S LAST NAME (Print) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

## REQUIRED IMMUNIZATIONS

### A. M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart, given after 12 months of age)

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)  
(specify type) \_\_\_\_\_ **OR** Td (Decavac) \_\_\_\_\_  
M D Y 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 .....  Yes **OR** ..... Birth in U.S. before 1980?  Yes  
2. Varicella antibody ..... Date tested \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Result:  Reactive  Non-Reactive  
M D Y  
3. Immunization  
a. Dose #1 ..... #1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y  
b. Dose #2 given at least 12 weeks apart if vaccinated between ages 1 and 12, or 4 weeks apart if age 13 or older #2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

### 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  
M D Y

### 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 living in campus housing should have a dose no more than 5 years before enrollment. For all other students vaccination is optional.

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

STUDENT'S LAST NAME (Print)

FIRST NAME

MIDDLE

DATE OF BIRTH: M / D / Y

### RECOMMENDED IMMUNIZATIONS

#### G. SARS-CoV-2 (COVID-19) VACCINE

Dose #1: Product Name/Manufacturer \_\_\_\_\_ Date M / D / Y
Dose #2: Product Name/Manufacturer \_\_\_\_\_ Date M / D / Y
Additional Dose: Product Name/Manufacturer \_\_\_\_\_ Date M / D / Y
Additional Dose: Product Name/Manufacturer \_\_\_\_\_ Date M / D / Y

#### H. 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 9-valent (HPV9) \_\_\_\_\_ or other \_\_\_\_\_ Immunization Dates: #1 M / D / Y #2 M / D / Y #3 M / D / Y

#### I. 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.

Immunization ..... Date M / D / Y (Most recent dose) Date M / D / Y Date M / D / Y Date M / D / Y Date M / D / Y

#### J. HEPATITIS A

1. Immunization Date (hepatitis A) ..... #1 M / D / Y #2 M / D / Y
or
2. Immunization Date (Combined hepatitis A and B vaccine) ..... #1 M / D / Y #2 M / D / Y #3 M / D / Y

#### K. 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 M / D / Y #2 M / D / Y or Trumenba #1 M / D / Y #2 M / D / Y #3 M / D / Y

#### L. 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.

Immunization Type \_\_\_\_\_ Date M / D / Y Type \_\_\_\_\_ Date M / D / Y Type \_\_\_\_\_ Date M / D / Y

HEALTHCARE PROVIDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_