

TRINE UNIVERSITY STUDENT HEALTH SERVICES

Student Immunization Record

The Student Immunization Record can be completed in one of the followings ways:

OPTION 1: Health Care Professional can complete and sign the form.

OPTION 2: Student can provide one of the following forms:

- a) **State issued Health Department record;**
- b) **Records provided by physician; or**
- c) **Transcript from high school/transferring college containing record**

(PLEASE PRINT)

Last Name: _____ First: _____ M _____

Trine ID #: _____ Date of Birth: _____ Telephone: _____

Domestic Student _____ International Student _____

*Individuals seeking a medical or religious exemption must submit a request to the Student Health Center. **Exemption Applications** will be provided by the Student Health Center.*

Mandatory Immunizations or Testing

Important—include **MONTH / DAY / YEAR** in all answers (example: 04/10/1998)

MMR - Measles, Mumps, Rubella

2 doses required after 1st birthday _____ / _____ / _____ _____ / _____ / _____

Tetanus/Diphtheria or TDap

TDap booster in last 10 years _____ / _____ / _____ or TDap _____ / _____ / _____

Varicella (Chickenpox)

_____ Please check if had the Varicella (chickenpox) disease at age: _____

If you have not had Varicella (chickenpox) disease, then you will need 2 doses:

1st _____ / _____ / _____ 2nd _____ / _____ / _____

Meningococcal or Menactra MCV4 1st _____ / _____ / _____ 2nd _____ / _____ / _____
BOOSTER AFTER AGE 16 REQUIRED (booster)

Hepatitis B

1st _____ / _____ / _____ 2nd _____ / _____ / _____ 3rd _____ / _____ / _____

Polio

1st _____ / _____ / _____ 2nd _____ / _____ / _____ 3rd _____ / _____ / _____

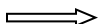
4th _____ / _____ / _____

Mandatory Testing for International Students ONLY

Tuberculosis—QuantIFERON-TB Gold blood test

ALL international students MUST have their TB test completed in United States. Failure to complete this requirement will result in a hold on your account and inability to register for classes.

Please complete back side



Health Care Professional Signature:

Signature of MD, PA-C, NP, DO: _____ Date: _____

Please print or stamp MD, PA-C, NP, DO name: _____

Address: _____

Phone: _____

Fax: _____

Student Immunization Record Submission Instructions

Students are encouraged to keep a copy of this form for their personal records.

*For additional immunization information, contact
Trine University Health Center at (260) 665-4585.*

Complete and submit the following:

- 1) *Trine Student Immunization Record, and if applicable*
- 2) *Acceptable documents used to report immunization compliance*

Submit documents by mail or fax:

Trine University Health Center
1 University Avenue
Angola, IN 46703

Fax: 260-665-4587