

# 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 complete the form AND 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: 04/10/1995)

**MMR** - Measles, Mumps, Rubella

Two (2) doses required after 1st birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Tetanus/Diphtheria or Tdap**

Td 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:

1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Meningococcal or Menactra MCV4**      1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(booster)

**Hepatitis B**

1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      3rd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Polio**

1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      3rd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

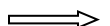
4th \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 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 ability 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  
c/o Student Health Center  
1 University Avenue  
Angola, IN 46703

Fax: 260-665-4587