

Name: _____

HEALTH & WELLNESS CENTER

285 Pawling Avenue, Troy New York 12180
(518) 833-1505, fax (518) 833-1835

Birthdate: _____

Immunization Record

To be completed by student's healthcare provider

This record is required to be submitted annually for all students under New York State law.
This form may not be completed by a member of the student's immediate family.

Vaccine	1	2	3	4	5
Diphtheria Vaccine, DTaP or DTP 3 doses required					
Tdap 1 dose required					
Polio OPV/IPV 3 doses required					
Hepatitis B 3 doses required					
HPV 3 doses – not required					
MMR 2 doses required after 1 st birthday					
Chicken Pox 2 doses or disease					
Meningococcal required by Emma Willard School					

Mandatory for International Students

Tuberculin skin test (*within last 6 months*): Date _____ Type _____

Result: Negative ____ Positive ____ Induration ____ mm

If positive, report of chest x-ray: BCG yes no

This form must be received by the Health & Wellness Center by July 10, 2014

Students must be compliant with New York State Department of Health and Emma Willard School immunization requirements. Students will not be permitted to participate in sports and/or attend classes if compliance requirements are not met. If applicable, documentation of medical or religious exemption from vaccinations is required.

Healthcare provider's signature

date