WESLEYAN

Non-Traditional Student Immunization Record

5/20/08

Wesleyan College requires the following immunizations for prematriculation as recommended by the American College Health Association to help prevent the spread of vaccine-preventable diseases.

Name _____ **Date of Birth** ___ / ___ / ___

Last Name First Name Middle Name

Address _____

Street City State Zip

Date of School Entry ____/____ **Social Security Number** ___/___/___/ – /___/__/ – /___/___/___/___

REQUIRED IMMUNIZATIONS

M.M.R. (2 doses of Measles, Mumps, Rubella vaccine are required for students born after 1956)

1. Dose 1 given at age 12 months or later . . . . . Date ____/____
2. Dose 2 given at age 4-6 years or later, and at least one month after first dose. Date ____/____

OR

1. Measles (2 doses at age 12 months or later) . . . Date ____/____ AND
2. Mumps (one dose) . . . . . .Date ____/____ AND
3. Rubella (one dose) . . . .Date ____/____

TETANUS-DIPHTHERIA

1. **Tetanus-Diphtheria (Td booster within the last ten years.)** . . . . . Date ____/____

VARICELLA (Chickenpox): Either a history of chickenpox OR two doses of vaccine are required)

1. **History of Disease** Yes _____ Date_____/_____ No _____

OR

3. **2 doses of chickenpox vaccine** a. Dose #1 . . . . . .Date ____/____

b. Dose #2. . . . . Date ____/____

Laboratory verification of immunity may replace vaccinations.

REQUIRED: PPD TUBERCULOSIS SKIN TEST (done within 6 months of admission)

Date Given: ____/____/____ Date Read: ____/____/____ Result: _____

Interpretation (based on mm of induration as well as risk factors): positive____ negative____

A chest x-ray report is required for all students who have a positive PPD. The chest x-ray must have been done after the date of the positive PPD.

Student's Signature _____ **Date**_____

Name of Health Care Provider _____Title _____

Address _____ Phone ( ) _____

Signature of Health Care Provider _____**Date**_____

A Health Care Provider's signature is required unless an official immunization record & PPD results are provided.

Mail to: Wesleyan College, Nontraditional Programs, 4760 Forsyth Rd., Macon, GA 31210