



Immunization Record

Part I

Name _____
Last Name First Name

Address _____
Street City State Zip

Date of Entry / / Mo Yr Date of Birth / / Mo Dy Yr School ID# _____

Part-time Full-time Undergraduate Post-bacc Commuter Resident

A. Tetanus-Diphtheria-Pertussis (Primary series with DtaP, DTP, DT, or Td, and booster with Tdap in the last ten years. Refer to ACIP for details.)

1. Primary series completed? Yes No
 Date of last dose in series: / /
M D Y

2. Date of most recent booster dose: / /
M D Y

Type of Booster: Tdap
 Tdap Booster recommended for ages 11-64 unless contraindicated.

B. Meningococcal Quadrivalent (A, C, Y, W-135) One or Two doses for all college students – revaccinate every 5 years if increased risk continues.

Quadrivalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible):

Dose # 1 / /
M D Y

Dose #2 / /
M D Y

Tetravalent polysaccharide (acceptable alternative if conjugate not Available; revaccinate every 3-5 years if increased risk continues):

Date / / Date / /
Mo Yr Mo Yr

HEALTH CARE PROVIDER

Name _____

Address _____

Phone _____

Signature _____

Please return completed forms to: **Moore College of Art & Design
 Health Services Office
 20th and The Parkway
 Philadelphia, PA 19103**