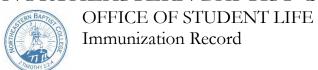
NORTHEASTERN BAPTIST COLLEGE



While the information presented on this form is confidential and will not affect your admission status, we must have the following information to legally allow you to enroll in classes or reside in student housing. If claiming an exemption for a vaccination(s) based on medical, religious, or philosophical reasoning, the Vermont State exemption form must be submitted in lieu of this Immunization Record.

tudent's Name:		Date of Birth:/	
Vaccines	Dates Given	Vermont State Requirements	
MMR	#1/ #2/ or Positive Titer Date://		
Measles	#1/ #2/	2 doses or positive titers	
	or Positive Titer Date://	Minimum of 4 weeks between doses	
Mumps	#1/ #2/	First dose given after first birthday	
	or Positive Titer Date://	Option of combined MMR or individual vaccines	
Rubella	#1/ #2/		
	or Positive Titer Date://		
Tdap or Td	Tdap Td	1.71/7.11	
	Date://	1 Tdap/Td booster within last 10 years	
Meningococcal	#1/ #2/	Only required of students under the age of 21 living in student housing	
		Second dose is required if first dose was given under the age of 16	
Varicella	#1/ #2/ or Positive Titer Date:// or History of Disease: Date://	2 doses of Varicella vaccine or positive titer or history of disease	
		Minimum of 4 weeks between doses if age 13 or older	
		If submitting history of disease, complete the Vermont State documentation of disease form	
Hepatitis B	#1/ #2/ #3/ or Positive Titer Date://	3 doses or positive titer	
		minimum interval between dose 1 and 2 is 4 weeks	
		minimum interval between dose 2 and 3 is 8 weeks	
		minimum interval between dose 1 and 3 is 16 weeks	
		minimum age for the final dose is 24 weeks	
Signature of	Health Care Provider:		
PRINT	SIGNATURE	DATE	
ADDRESS		PHONE	

Documentation of Varicella (Chickenpox) Disease



Vermont's School Immunization Regulations apply to students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, students must have the required immunizations, including 2 doses of varicella (chickenpox) vaccine. However, students who have had chickenpox disease can still enroll provided this form be completed, signed and provided to the school. Please note that this form does not need to be signed by a physician or other health care provider. **RETURN THIS FORM TO THE STUDENT'S SCHOOL**.

This document is being submitted on behalf of the following student:						
Name:						
Last	First					
Date of Birth :						
Parent/Guardian/Self (18 and over)	verify that the above listed student					
had varicella (chickenpox) disease inMonth	Year					
Signature of parent or guardian of student or student	18 and over Date					

RETURN THIS FORM TO THE STUDENT'S SCHOOL

The Vermont Department of Health Immunization Program 108 Cherry Street Burlington, Vermont 05401

802-863-7638 or 1-800-464-4343 ext. 7638 healthvermont.gov

Post Secondary (College) Immunization Exemption Form



Vermont's Immunization Regulations apply to students enrolled in certain post-secondary schools. Before entry, students must have the required immunizations unless they claim a medical, religious, or philosophic exemption. In order to claim an exemption this form must be completed and returned to the college health center.

Students who claim any exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at high risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes may vary depending on the disease and the circumstances surrounding the outbreak.

This document is	being submitted	d on behalf of the	following student:		
Name:	· ·	Date of Birth:			
Last		First	First		
MEDICAL EXEM	MPTION				
The following vaccin	ne(s) are medica	lly contraindicated:			
Hepatitis B	Td/Tdap	Varicella			
Measles	Mumps	Rubella	Meningococcal (1 st year dormitory residents only)		
Reason for exempti	ion(s):				
This exemption sha	Ill continue until:				
Print Name of Physician			() Telephone		
	•			1	
Signature of Physic		Date			
Check one only:	PHILOSOPH	IC EXEMPTION	RELIGIOUS EX	EMPTION	
I request that follow religious or philosop	<u> </u>	n(s) be waived beca	ause they conflict with free exer	cise of	
Hepatitis B	Td/Tdap	Varicella			
Measles	Mumps	Rubella	Meningococcal (1 st year dormitory students only)	r	
			_ ()		
Signature of Stude	ent (or parent if	er) Telephone	Date		