Pennsylvania State Law requires that all students residing in college owned housing be vaccinated against meningitis.

1. Meningococcal Tetravalent (MCV4) **Required** at least one dose **AFTER** the 16\(^{th}\) birthday.
   - Dose #1 \___/\__/\___
   - Dose #2 (after the age of 16) \___/\__/\___

2. Meningococcal Group B (Bexsero or Trumemba) **Strongly recommended**, several recent outbreaks of serogroup B meningitis on college campuses in this region highlight the importance of vaccinating for this deadly strain of meningitis. **This strain of meningitis is not covered by the traditional meningitis vaccine.**
   - Dose #1 \___/\__/\___
   - Dose #2 \___/\__/\___
   - Trumemba or Bexsero

Many health care providers do not have the meningococcal group B vaccine. Trumenba will be available at the Bailey Health Center.

### M.M.R. (Measles, Mumps, Rubella)

**Required**

1. Dose 1 given at age 12 months or later....................................................#1 \___/\__/\___
   - M\ D\ Y

2. Dose 2 given at least 28 days after first dose .................... #2 \___/\__/\___
   - M\ D\ Y

**Strongly Recommended**

A **third dose of MMR is strongly recommended because of several recent outbreaks of mumps on college campuses. Students previously vaccinated with 2 doses of MMR during childhood were not protected during these outbreaks.** The Advisory Committee on Immunization Practices (ACIP) reviewed evidence and determined the third dose to be safe and effective.

3. Dose 3..............................................................................................................#3 \___/\__/\___
   - M\ D\ Y

### POLIO

**Required**

Dose #1 \___/\__/\___
   - M\ D\ Y
Dose #2 \___/\__/\___
   - M\ D\ Y
Dose #3 \___/\__/\___
   - M\ D\ Y
Dose #4 \___/\__/\___
   - M\ D\ Y

### TETANUS-DIPHTHERIA-PERTUSSIS

**Required**

Primary series with booster with Tdap in the last ten years.

Tdap is recommended to protect against pertussis................................................. \___/\__/\___
   - M\ D\ Y
HEPATITIS B

Required
Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age or positive hepatitis B surface antibody meets the requirement.

1. Immunization (hepatitis B) Dose #1 _____/_____/_____
   Dose #2 _____/_____/_____
   Dose #3 _____/_____/_____

OR

2. Immunization (Combined hepatitis A and B vaccine)
   Dose #1 _____/_____/_____
   Dose #2 _____/_____/_____
   Dose #3 _____/_____/_____

OR

3. Hepatitis B surface antibody Date ____/____/____ Result: Reactive _____ Non-reactive _____

VARICELLA (Chicken Pox)

Required
(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or TWO doses of vaccine meets the requirement.)

1. History of Disease
   Yes _____ No _____ or Birth in the U.S. before 1980
   Yes _____ No _____

OR

2. Varicella antibody ____/____/____ Result: Reactive _____ Non-reactive _____

OR

3. Immunization
   a. Dose #1 ............................................................................................................
      ____/____/____
      M       D       Y

   b. Dose #2 given at least 12 weeks after first dose ages 1-12 years............
      ____/____/____
      M       D       Y

   and at least 4 weeks after first dose if age 13 years or older.

OTHER IMMUNIZATIONS:

HUMAN PAPILLOMAVIRUS 9-Valent VACCINE (Gardasil-9)
(Three doses of vaccine for college students 11-26 years of age at 0, 2, and 6 month intervals.)

Dose #1 _____/_____/_____
Dose #2 _____/_____/_____
Dose #3 _____/_____/_____

HEPATITIS A

Dose #1 _____/_____/_____
Dose #2_____/_____/_____

Typhoid _____/_____/_____
Yellow Fever_____/_____/_____

HEALTH CARE PROVIDER (must be signed by health care provider)

Name _____________________________ Address: _____________________________

________________________________
Signature __________________________________ Phone (____) _____

I have discussed the risks/benefits of receiving the required immunizations with my provider. I will meet with the Director of Health Services and will sign a waiver for these immunizations before receiving a room key.

Student Signature: ______________________________________________________