SAINT MICHAEL'S COLLEGE FOUNDED 1904

Immunization Record

Complete the following:

Last (Family) Name _____ First Name _____ Middle Initial _____

Birth Date _____ SMC ID# _____

Program: ❑Undergraduate ❑English Language/Pathway ❑Other

UNDERGRADUATES ONLY: Class Year _____

DEADLINE

Fall semester undergraduate students - due by JUNE 15

All other programs – due no later than one month before classes start

RETURN BY MAIL, EMAIL OR FAX

Student Health Services, Saint Michael's College, One Winooski Park, Box 259, Colchester, VT 05439
Email: mmasson@smcvt.edu • Fax: +1.802.654.2699 • Phone: +1.802.654.2234

Vermont state law requires that all students have the following immunizations.

THIS PORTION OF THE FORM SHOULD BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER (DOCTOR/NURSE).

Vaccine Against	Dates Given	Vermont Dept. of Health Requirements
Sars Cov-2 COVID-19	#1 ___/___/___ #2 ___/___/___ Type: _____	Recommended by the State of Vermont Required by Saint Michael's College
Tdap or Td *Tetanus-Diphtheria-Pertussis*	Tdap ❑ Td ❑ ___/___/___ mm / dd / yy	1 Tdap/Td booster within last 10 years *(Tdap preferred)*
MMR *Measles-Mumps-Rubella*	#1 ___/___/___ #2 ___/___/___ **OR** Positive Titer* Dates: ___/___/___ Measles ___/___/___ Mumps ___/___/___ Rubella	2 doses or positive titer Minimum of 4 weeks between doses.
Bacterial Meningitis	___/___/___	1 dose given within last 5 years for students living in campus-based housing.
Varicella *(Chicken Pox)*	1. History of disease: Yes ❑ No ❑ (if No, proceed to 2.) 2. Immunization: #1 ___/___/___ #2 ___/___/___ **OR** Positive Titer* Date: ___/___/___	2 doses of varicella vaccine, or history of disease, or positive titer.
Hepatitis B	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ **OR** Positive Titer* Date: ___/___/___	3 doses or positive titer. Minimum of 4 weeks between doses 1 and 2. Minimum of 8 weeks between doses 2 and 3. (3rd dose must be 16 weeks after first dose.)

***Titer**: A titer is a laboratory test which documents immunity to a disease.

HEALTH CARE PROVIDER INFORMATION AND SIGNATURE:

Name: _____ Phone: _____

Address: _____

Signature: _____

5/2021