



Cadet Immunization Certificate

Term/Year of Enrollment: Fall Winter Spring Summer Year: _____

Name: _____
Last First Middle

Date of Birth: _____

Required Vaccines

(American College Health Association guidelines based on Advisory Committee on Immunization Practices published by the CDC)

MMR (Measles/Mumps/Rubella): #1 _____ #2 _____
or laboratory evidence of immunity Date: _____ Result: _____

Td or Tdap (Tetanus booster within past 10 years): _____

Varicella (Chickenpox): #1: _____ #2: _____
or history of disease Date: _____
or laboratory evidence of immunity Date: _____ Result: _____

Hepatitis B: #1: _____ #2: _____ #3: _____
(Required for students who are age 18 years or younger at time of admission)
or laboratory evidence of immunity Date: _____ Result: _____

Meningococcal (Meningitis): _____ or Signed waiver attached: _____

CERTIFICATION OF HEALTH CARE PROVIDER

Signature: _____

Printed Name: _____ Phone: _____

Address: _____