Office of Health Services Health and Immunization History Form

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***All students are highly encouraged to submit this form in an effort to aid the university in maintaining a healthy and safe environment. You may easily submit a state vaccination record, but please be sure that required immunizations listed below are included before submission. Records can be submitted online via your Bellarmine account.***

**Required Immunizations**

1. Tetanus/Diphtheria/Pertussis (TDaP), last booster must be within the last 10 years

Booster: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

2. Measles/Mumps/Rubella (MMR), two (2) doses required

Dose 1: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

Dose 2: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

3. Meningococcal, *Residential Students Only* (MCV4 series of 2, 2nd dose at or after age 16)

Dose 1: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

Dose 2: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

4. COVID-10 (series of 1 or 2)

Dose 1: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

Dose 2: \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

Please provide an authorized signature OR stamp below:

Primary Care Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Clinic Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The following immunizations are not required but strongly recommended.***

5. Hepatitis B (series of 3)

6. Human Papilloma Virus (HPV; series of 3)

7. Polio (series of 2)

8. Varicella (series of 2)

9. Annual Influenza (reach out to [healthservices@bellarmine.edu](mailto:healthservices@bellarmine.edu) if interested in Influenza Vaccine)

10. Tuberculosis (TB) Screening (reach out to [healthservices@bellarmine.edu](mailto:healthservices@bellarmine.edu) if interested in TB testing)

If you want to request an exemption from any required immunizations, please visit [bellarmine.edu/ /healthservices](https://www.bellarmine.edu/studentaffairs/healthservices) to download our exemption request.

***Still have questions? We’re here to help!***

Call the Health Services Office at: 502.272.8313 or email [healthservices@bellarmine.edu](mailto:healthservices@bellarmine.edu)

For further reference on immunizations and vaccines, please visit: <https://www.cdc.gov/vaccines/>