

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Middle Initial Preferred Name Gender

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Town State Zip

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMUNIZATION VERIFICATION FORM**

Complete and upload to health portal - <https://havr.studenthealthportal.com>

Late fee of $75.00 charged for failure to upload form by deadline of July **21**. Email-[hc-healthservices@haverford.edu](mailto:hc-healthservices@haverford.edu)

Required Matriculation Forms - [www.haverford.edu/health](http://www.haverford.edu/health)services

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| **History of illness not accepted. \* Only positive titers satisfy the immunization requirements. Upload titer reports in health portal.**  **REQUIRED VACCINES RECOMMENDED VACCINES** | |
| 1. Tetanus/Diphtheria – Completed primary series:  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_  Tdap booster within last 10 years **required:**  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ | 7.\* Meningococcal Group B Vaccine Series recommended:  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (1st dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose) |
| 2. Polio – Completed primary series **required:**  Type of vaccine\_\_\_\_OPV and /or\_\_\_\_ IPV  Month\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ | 8. Hepatitis A Vaccine Series recommended:  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (1st dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose) |
| 3. MMR 2 doses after 12 months of age **required:**  Month\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_ (1st dose)  Month\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose) | 9. HPV Vaccine Series recommended:  Month\_\_\_\_\_\_Day\_\_\_\_\_\_Year\_\_\_\_\_\_\_(1st dose)  Month\_\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (3rd dose IF NEEDED) |
| 4. Hepatitis B Vaccine Series **required**:  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (1st dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (3rd dose) | 10. Influenza Vaccine recommended annually:  Month\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ |
| 5. Varicella Vaccine Series **required:**  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (1st dose)  Month\_\_\_\_\_Day\_\_\_\_\_ Year\_\_\_\_\_\_ (2nd dose)  **If history of illness, titer required:**  Reactive\_\_\_\_\_\_\_\_\_\_\_\_ Non-reactive\_\_\_\_\_\_\_\_\_\_\_\_ | **MEDICAL/RELIGIOUS EXEMPTION/PHILOSOPHICAL OBJECTION: YES\_\_\_\_\_ NO\_\_\_\_\_\_**  **If yes- Decision not to vaccinate form must be uploaded in HAVERFORD health portal.**  In the event of an outbreak of a vaccine preventable disease, students granted an exemption will separate from campus at their own expense. |
| 6. Meningococcal Vaccine A, C, Y and W-135 or Menactra  Vaccine **required within last 5 years:**  Month\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ | **Signature/Stamp of Health Care Provider**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Brief Medical History**

Allergies: 🞏 No 🞏 Yes List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: 🞏 No 🞏 Yes List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations/Surgeries/Traumas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance Use: 🞏 No 🞏 Yes List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability: 🞏 No 🞏 Yes Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tb screening mandated for all students. Complete TB Screening Form in health portal.

8/18