On the recommendation of the American College Health Association and the South Carolina Department of Public Health the following immunizations are required for all undergraduate, graduate, transfer and part-time students. The 2 MMR requirement does not apply to those students born before 1957. A copy of an official immunization record may be attached in place of a health provider's signature. Please visit our website at [http://studenthealth.cofc.edu](http://studenthealth.cofc.edu) for more detailed information regarding required and recommended immunizations and to access a waiver form. Some recommended vaccines are for certain at-risk groups.

### Required Immunizations

To be completed and signed by your health care provider

**A. MMR** (Measles, Mumps, Rubella) Two doses at least 28 days apart for students born after 1956

1. Dose One given at age 12 months or later
   - Date

2. Dose Two given 28 days after first dose or later
   - Date

**B. Polio**

Circle # of doses received, minimum three

- 1
- 2
- 3
- 4

- Date of last dose

**C. Tetanus**

Circle one

- DT
- Td
- DTP
- T-DAP

Given within the last ten years

- Date

**D. Meningitis Vaccine or Signed Waiver**

Name of Vaccine

- Date

- Booster Date

### Recommended Immunizations

**A. Hepatitis B** (Series of 3 vaccines)

- Dates

  - #1
  - #2
  - #3

**B. Hepatitis A** (Series of 2 vaccines)

- Dates

  - #1
  - #2

**C. Human Papillomavirus (HPV)** (Series of 3 vaccines)

- Dates

  - #1
  - #2
  - #3

**D. Varicella (Chicken Pox)** (Series of 2 vaccines)

- Dates

  - #1
  - #2

### Optional Travel-Related Immunizations

**A. Typhoid**

- Oral/Injectable

- Date

**B. Yellow Fever**

- Date

**C. Polio Booster** (Adult Dose)

- Date

**D. Other Vaccine(s)**

- Date

- Date

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Health Care Provider Name/Signature/Stamp

- Date

Address

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