Immunization Record

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
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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 first birthday or later Date
2. Dose Two given 28 days after first dose or later Date

**B. Quadrivalent Meningitis Vaccine or Signed Waiver**

Name of Vaccine Date Booster Date

*Meningitis Serogroup B vaccine not required*

**C. Tetanus, Diphtheria and Pertussis (Tdap)** Given within the last ten years 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

**E. Polio** Circle # of doses received, minimum three 1 2 3 4 Date of last dose

### Optional Travel-Related Immunizations

**A. Typhoid** Oral/Injectable Date

**B. Yellow Fever** Date

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

**D. Other Vaccine(s)** Date

Health Care Provider Name/Signature/Stamp Date

Address