College of Charleston
Student Health Services Immunization Record
181 Calhoun Street
Charleston, SC 29424
Phone 843-953-5520 Fax 843-953-6377

Last Name First Name MI Date of Birth

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 tohttp://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 (OPV – IPV) Circle # of doses received, minimum three 1 2 3 4 Date of last dose_____

C. Tetanus Circle one given within the last ten years Td T-DAP Date of most recent dose _____

D. Meningitis Vaccine (MCV4) 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_____

Health Care Provider Signature/Stamp_____Date_____

Address_____