Thomas COLLEGE Health Center

HEALTH RECORD - IMMUNIZATIONS

NAME_____
(*print*) Last First Middle

HOME ADDRESS_____
Street City State Zip Country

HOME PHONE_____ DOB ____ / ____ / _____
(include area code) Month Day Year

***Maine State Law (22-MRSA 6359) requires ALL full-time and degree-seeking part-time post-secondary students born after 1956 to SHOW PROOF of immunization against Measles, Mumps and Rubella (2 doses) and Tetanus, Diphtheria within ten (10) years.**

It is expected that all students will arrive at Thomas College with all of their immunization requirements met.

Please submit to us a copy of your immunization record, which MUST show the following:

1. **Two doses (2) of MMR** (measles, mumps, rubella) received after (not on) the first birthday. You must show proof of two MMRs; a history of having the disease is NOT sufficient. A blood titer may be drawn to prove immunity if the student prefers that to immunization or if a medical record is not available. A copy of the laboratory titer report must be sent with your other immunization records.
2. **One dose (1) of Tetanus/Diphtheria** (Td or Tdap) received **within the last ten (10) years**. You must be re-immunized if your Td vaccine is out of date.

It is recommended, not required, that you consider vaccinations for Meningitis, Hepatitis B, Varicella and a Tuberculin (PPD) Skin Test.

Exemptions for medical reasons only:
Please send a dated, signed statement with an explanation for this request from your healthcare provider. It must be understood that all students who are exempt for any reason will be required to leave the campus if there is an outbreak of any disease for which an exemption has been given.

COMPLIANCE WITH THE STATE LAW IS MANDATORY. IF THESE CONDITIONS ARE NOT MET YOU MAY NOT BE ABLE TO REGISTER FOR/ATTEND CLASSES.

(*over*)

SUGGESTIONS FOR OBTAINING IMMUNIZATION RECORDS

VERIFICATION FOR EACH VACCINE MUST INCLUDE THE TYPE OF VACCINE, THE DATE GIVEN, AN OFFICE STAMP, AND/OR A SIGNATURE AND TITLE OF THE HEALTH CARE PROVIDER.

HAND-PRINTED CLINIC OFFICE NAMES ARE NOT ACCEPTABLE.

Your doctor's office	Request a copy of immunizations that were given at your doctor's office. ***The verification must include the type of vaccine, the date given, an office stamp or a legible signature and title for each vaccine.***
Hospital record	You may have received a tetanus/diphtheria booster in a hospital emergency room for an injury. If so, request verification for that vaccine through medical records at that hospital.
Military immunization records	Record must be stamped or signed by the health care provider.
Baby book immunization records	The record must have the office stamp or have the ***signature and title of the health care provider who administered the vaccine.***
Immunization records from a college you previously attended.	Request a ***signed*** copy from the college health service.

IF YOU ARE UNABLE TO OBTAIN THE NECESSARY RECORDS, YOU MUST RECEIVE THE VACCINE(S) FOR WHICH YOU CANNOT PROVIDE PROPER DOCUMENTATION.

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