FROSTBURG STATE UNIVERSITY

BRADY HEALTH CENTER
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MD 21532-2303
FAX: 301.687.7050
EMAIL: BRADYHEALTH@FROSTBURG.EDU

IMMUNIZATION RECORD

ALL new and transfer students are required to provide documentation of Measles, Mumps, Rubella and Tetanus/Diphtheria/Pertussis immunization or immunity. Please complete the information requested below. Immunization records must be in English.

All required immunization information will need to be verified by sending this form with your health care provider's signature directly to Brady Health. (Health care providers include MD, DO, Nurse Practitioner or Physician Assistant).

Other acceptable documentation includes:

- A copy of your high school immunization record
- Immunization records from your health care provider
- Copy of official lab titer report for measles, mumps and rubella, if indicated

Name _____ Date of Birth_____/_____/_____ Student ID # _____
Last First MI Month Day Year

Cell Phone _____/_____ Email _____

REQUIRED

Combined MMR immunization or measles/mumps/rubella serologic (blood test) evidence of immunity are Entrance Medical Requirements if you were born after 1956. You need to have two doses of MMR at least 28 days apart and first dose after 12 months of age. Most students will have had 2 MMR injections —please enter dates below:

Measles Mumps Rubella

1: _____/_____/_____ *after 12 months of age

2. _____/_____/_____ at least 28 days after first dose

If submitting lab titers, a copy of the Lab Titer Report is required.

Tetanus - Diphtheria (Td) ❒ or Tetanus - Diphtheria - Pertussis (Tdap) ❒ (within 10 years)

Date: _____/_____/_____ (Tdap booster recommended for ages 11-64 unless contraindicated)

RECOMMENDED

Meningitis vaccine – In Maryland, students in on-campus housing must be vaccinated or sign a waiver. College students younger than 22 years of age should have a documented dose of meningitis vaccine at age 16 or older. If a student received their first dose before age 16, they should receive a booster dose. There are two different types of meningitis vaccine. Discuss with your health care provider if MenB vaccine is recommended for you.

❒ Menactra ❒ Menveo Dates: 1. _____/_____/_____ 2. _____/_____/_____

❒ MenB (if recommended by health care provider) Dates: 1. _____/_____/_____ 2. _____/_____/_____ 3. _____/_____/_____ (if applicable)

Hepatitis A vaccine: Dates: 1. _____/_____/_____ 2. _____/_____/_____ (or combined HepA/HepB)

Hepatitis B vaccine: Dates: 1. _____/_____/_____ 2. _____/_____/_____ 3. _____/_____/_____ (or combined HepA/HepB)

Human Papilloma Virus (HPV) Vaccine: Dates: 1. _____/_____/_____ 2. _____/_____/_____ 3. _____/_____/_____ (if applicable)

Varivax (chickenpox): (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine.)

Dates: 1. _____/_____/_____ 2. _____/_____/_____ or History of Disease Date: _____/_____/_____

Heath Care Provider Signature _____ Date:_____

Health Care Provider Name (printed) _____ Phone :_____

Mail, email or FAX form to the address listed at the top of the form.