LANDMARK COLLEGE

Program: 2019 Transition to College Summer Program – Putney Campus
From: Health Services
Re: Immunization History

Last name | First name | Middle | (Chosen Name) | Birth Date | Mobile #

Immunization History

Provide the month and year for each immunization. Immunizations with an asterisk (*) must include date to meet American Camp Association standards. Copies of immunizations forms from health care providers or state and local government are acceptable; please attach to this form.

Immunization	Dose 1 (mm/yyyy)	Dose 2 (mm/yyyy)	Dose 3 (mm/yyyy)	Dose 4 (mm/yyyy)	Dose 5 (mm/yyyy)	Most recent dose (mm/yyyy)
Diptheria, tetantus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Polio (IPV)						
Haemorphilius influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) ☐ Had chicken pox Date:						
Meningococcal meningitis (MCV4)						
MMR (Measles, Mumps & Rubella)						

Acknowledgement

If your student has not been fully immunized, please sign below to acknowledge that you understand and accept the risks to my child from not being fully immunized.

Parent/Family/Guardian printed name | Date

Signature