

Student College ID Number

Middle

First

Immunization Form

Student Last Name (Print)

Phone Number

			C II DI
Home Address			Cell Phone
City/State/Country/Zip or Postal Code			Email Address
Date of Birth (mm/dd/yyyy)		Age	Date Completed
Next section to be completed by a	licensed provider:		
*Required Immunization	Date Administered (mm,	/dd/yyyy)	
Diphtheria, Tetanus, Pertussis (3 or more doses) The first 2 doses must be at least 28 days apart. The 3 rd dose must be completed with 10 years prior to term of current enrollment. One dose must be Tdap vaccine.	Dose 1: /	/	□DTP/DTaP □ Tdap □ Td
	Dose 2: /	/	□DTP/DTaP □ Tdap □ Td
	Dose 3: /	/	☐ Tdap
Measles, Mumps Rubella or (MMR) 2 doses required. Both must be done on or after first birthday and at least 28 days apart.	MMR Dose 1:/ _ MMR Dose 2:/		
	Measles (Rubeola) Dose 1:/		_/
	Mumps Dose 1:/ Mumps Dose 2:/		
	Rubella (German Measles) Do Rubella (German Measles) Do		
Meningococcal Conjugate At least 1 dose on or after 16 years of age. Required for students age 21 years or younger starting classes.	Dose 1: /	/	
Strongly Recommended	Date Administered (mm)	/dd/yyyy)	
COVID-19 Vaccination	Dose 1: /	/	□Moderna
	Dose 2: /	/	☐ Pfizer
	Booster (if due):/	/	Johnson & Johnson
Healthcare Provider Name and title of Provider (Print)			
Signature of Provider			Date
Address			

Exemptions: If you feel that you are exempt from vaccination requirements based a medical contraindication, religious beliefs or pregnancy, please contact Monmouth College – Heather Fisher 309-457-2115/<u>hfisher@monmouthcollege.edu</u> to discuss the necessary procedures and documentation.