

1. This document outlines our Immunization REQUIREMENTS for ALL students.
2. Contact your high school or physician/clinic office requesting a copy of your records.
3. Upload a photo of your official records or this completed form signed by your provider to your PRIVIT Profile. If you have more than 1 page, use the archive feature in Privit's "manage documents" to upload a 2nd immunization document. COVID-19 vaccinations should be uploaded separately.
4. Important! Contact Student Health Services at WCHealthCenter@wilmington.edu when complete.

Don't have a PRIVIT Profile? Find PRIVIT on the WC APP in the LINKS tab, OR on the Wilmington College website under Student Life/Health& Wellness. Create an account. Complete ALL sections of PRIVIT: Medical Form, Emergency Medical Form, upload your immunization record and insurance card front/back, and join the 2022-2023 NEW/Transfer/Readmitted WC Student "team."

LAST NAME:		FIRST NAME:	
DATE OF BIRTH:	STUDENT ID:	STUDENT PHONE:	

Students without required immunizations will **NOT** be allowed to move into campus residence halls. Commuters will not be allowed to begin class.

<p>Tips on getting copies of immunization records:</p> <ol style="list-style-type: none"> 1. Check with your parents or family members for records of childhood immunizations. 2. Contact your family physician or pediatrician. 3. Contact the clinic or hospital where shots were given. 4. Check your passport or other travel health records for overseas trips. 5. Call your high school or elementary school for copies of immunization records. 	<p>Medical Provider's Stamp or Signature</p> <p>Date:</p>
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REQUIRED Immunizations for ALL STUDENTS: This information may be completed by the physician or physician's office and must be stamped or signed. In lieu of this form you may use an official immunization records provided by your physician, clinic or school. This record should contain official identifying information for the office providing the record.

D.T.P. Series	Date completed:		
	Clinic or Physician:		
Polio Series	Date completed:		
	Clinic or Physician:		
MMR	Date #1	Date #2	Two required unless born before 1957
	Clinic or Physician:		
Hepatitis B 3 doses REQUIRED	Minimum of 4 weeks between dose # 1 & dose # 2.		Minimum of 8 weeks between dose #2 & dose #3 and 16 weeks between dose #1 & dose #3
	Date #1	Date #2	Date #3
	Clinic or Physician:		
Tdap Booster	Received within the last 10 years	Date:	Clinic/Physician:
Meningitis	If prior to age 16 a BOOSTER is REQUIRED	Date:	Clinic/Physician:
COVID-19	Name of Vaccine:	Date #1	Date #2
COVID-19 Booster	Name of Vaccine:	Date:	

Not required, but strongly recommended.

Varicella (chicken pox)	Date #1	Date #2	
	Clinic or Physician:		
HPV (Gardasil)	Date #1	Date #2	Date #3
	Clinic or Physician:		

If you have QUESTIONS please call the Student Health Center 937-481-2217.