Wilmington College
Student Health Center

STUDENT IMMUNIZATION DOCUMENTATION

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.==

Tips on getting copies of immunization records:	==Medical Provider's Stamp or Signature==
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.	**Date:**

==**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.

DTap. Series x 4	Date #1	Date #2	Date #3	Date #4
	Clinic or Physician:			
Polio Series x 3 or 4	Date #1	Date #2	Date #3	Date #4
	Clinic or Physician:			
MMR x 2	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 (ACWY)	**If prior to age 16 a BOOSTER is REQUIRED**	Date:	Date:	
	Clinic/Physician:			
Meningitis Booster (ACWY)	==If prior to age 16 a BOOSTER is REQUIRED==	Date:	Clinic/Physician:	

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:		
COVID-19 & Booster	Name of Vaccine: Date #1	Name of Vaccine:	Date #2
	Clinic or Physician:	Name of Booster:	Date:
Pneumococcal	Name of Vaccine:	Date:	
	Clinic or Physician:		
Meningococcal B	Name of Vaccine:	Date:	
	Clinic or Physician:		
Influenza	Name of Vaccine:	Date:	
	Clinic or Physician:		

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

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1. This document outlines all REQUIREMENTED Immunizations for ALL students unless the Vaccine Accommodation Form is completed and ARROVED.

- Hepatitis B: Three doses of Hep B or lab report confirming immunity
- Polio: Three or Four doses of IPV or OPV. A fourth dose of IPV is needed if previous doses were received prior to age 4 or if the third dose was received less than 6 months after the second dose.
- MMR: Two doses of MMR or lab report confirming immunity.
- Tdap: Dose within the last 1o years.
- Meningitis: Meningococcal conjugate (ACWY): One dose after the age of 16. A Meningitis Booster (ACWY) is required if vaccine was received prior to age 16.

2. Contact your local Health Department, 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 Privet'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 Wilmington College website under Student Life/Health& Wellness, click on the link below, or scan the QR code. Create an account. Complete ALL Required sections of PRIVIT: General & Emergency Information and Student Medical Info Forms, and upload your required Immunization Records. Go to "Joined Classes" and select the box beside "NEW/Transfer/Re-Admitted."

Access Privit by clicking on the link or scan the QR code below:

https://wilmingtoncollege.e-ppe.com/index.jspa

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