

**MUHLENBERG COLLEGE HEALTH SERVICES
PREADMISSION IMMUNIZATION POLICY**

Student's Name: _____ **DOB:** _____

ALL INCOMING FRESHMEN, TRANSFER STUDENTS, AND FOREIGN EXCHANGE STUDENTS ARE REQUIRED TO HAVE THE FOLLOWING IMMUNIZATIONS COMPLETED ACCORDING TO THESE REQUIREMENTS BEFORE MATRICULATING AT MUHLENBERG COLLEGE.

Rubella (German Measles): Students born after 1956 should have at least one dose of rubella vaccine given on or after the first birthday, or laboratory evidence of immunity. Either MMR, MR or single antigen rubella vaccine is acceptable. **HISTORY OF DISEASE IS NOT ACCEPTED.**

Measles (Rubeola): Students born after 1956 should have two doses of measles vaccine given on or after the first birthday. The two doses must be separated by at least one month. MMR vaccine is preferred; however, MR or single antigen measles vaccine is acceptable. Laboratory evidence of measles immunity is acceptable. *Students born before 1957 may need one dose of measles vaccine and/or one dose of rubella vaccine.* **HISTORY OF DISEASE IS NOT ACCEPTED.**

Mumps: Students born after 1956 should have at least one dose of mumps vaccine given on or after the first birthday. Mumps vaccine is included in the MMR vaccine.

Tetanus/Diphtheria: Completion of the primary series of DPT, DT, Td, and a booster dose within the past ten years.

Hepatitis B: Begin or have completed the hepatitis B vaccine series (3 doses). Laboratory evidence of hepatitis B immunity is acceptable.

Varicella: Two properly spaced doses of varicella vaccine given one month apart if immunized after age 13 years, or laboratory evidence of immunity or a reliable history of varicella.

Meningococcal: All students that are residing in college-owned housing are required to have at least one dose of the meningococcal vaccine or a signed waiver declining the vaccine after being given literature on the vaccine and the disease.

EXEMPTIONS: Exemption to any of the immunization requirements can be granted to students who provide a note or letter signed by a licensed physician stating the medical reason why the student should not or need not receive the vaccine, or, a statement signed by the student or by the parent/guardian if the student is less than 18 years of age, that the immunization(s) is against his or her personal beliefs.

IMMUNIZATION RECORD -Please list all dates including month and year

MMR	Dose 1 ___/___/___	Dose 2 ___/___/___		
DTP	Dose 1 ___/___/___	Dose 2 ___/___/___	Dose 3 ___/___/___	Dose 4 ___/___/___
Td or Tdap Booster	(Please circle type of booster given)		Date ___/___/___	
OPV/IPV	Dose 1 ___/___/___	Dose 2 ___/___/___	Dose 3 ___/___/___	Dose 4 ___/___/___
VARICELLA	Dose 1 ___/___/___	Dose 2 ___/___/___		
HEPATITIS B	Dose 1 ___/___/___	Dose 2 ___/___/___	Dose 3 ___/___/___	
MENINGOCOCCAL	Dose 1 ___/___/___			

A Tuberculin Skin Test (PPD) with complete date (month, date, and year) and test results is required. IF the PPD is positive, a chest x-ray with date and test results is required. If the student had BCG, a negative PPD or chest x-ray is required with date and test results.

Extracted from the Pennsylvania Department of Health Bureau of Communicable Diseases- Division of Immunizations (9/2002)

HEALTH CARE PRACTITIONER SIGNATURE: _____ **DATE:** _____

HEALTH CARE PRACTITIONER PRINTED NAME _____