

College ID# \_\_\_\_\_

Student Cell Phone # (required) \_\_\_\_\_

**UNIVERSITY OF RHODE ISLAND  
DR. PAULINE B. WOOD HEALTH SERVICES**

Medical Records Department  
6 Butterfield Road • Kingston, RI 02881  
401-874-4612 • FAX 401-874-5772

**DUE DATE  
August 17, 2009**

**IMMUNIZATION RECORD**

**THIS SIDE MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER.**

**STUDENTS WHO FAIL TO PROVIDE THE REQUIRED CERTIFICATE WILL NOT BE PERMITTED TO REGISTER  
NO SHOT – NO CLASS!!**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please print) Last Name First Name MI

Social Security # xxx-xx-\_\_\_\_ College I.D.# \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

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- **MEASLES, MUMPS, RUBELLA (MMR):** Two doses of MMR are required  
MMR Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Positive Titer \_\_\_\_/\_\_\_\_/\_\_\_\_
- **HEPATITIS B:** Requirement: Three doses (doses one and two given four weeks apart and the third dose should be at least four to six months after first dose) *or* a blood test showing immunity.  
Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Positive titer \_\_\_\_/\_\_\_\_/\_\_\_\_
- **VARICELLA:** Requirement: Two doses of chicken pox vaccine are required at least one month apart (one dose is sufficient if given before age 13) *or* positive immune titer verifying immunity *or* medical provider's documented history of disease.  
Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Positive titer \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Disease history \_\_\_\_/\_\_\_\_/\_\_\_\_
- **TETANUS-DIPHTHERIA:** Requirement: Tetanus-Diphtheria must be administered within the past 10 years.  
Dose \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** Tdap \_\_\_\_/\_\_\_\_/\_\_\_\_

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- **HEPATITIS A:**
  1. Immunization (Hepatitis A)
    - a. Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_
  2. Immunization (Combined Hepatitis A and B Vaccine)
    - Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_
- **HUMAN PAPILLOMAVIRUS VACCINE (HPV):**  
(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)  
Immunization (HPV)  
Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_
- **MENINGOCOCCAL VACCINE:** (Groups A, C, Y and W-135)  
Strongly recommended, especially for freshmen living in residence halls. Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_
- **TUBERCULOSIS:** \*See below Requirement:  
Mantoux/PPD Date Planted \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: ( ) Negative ( ) Positive  
*If positive, provide treatment and x-ray report* (Please record induration: \_\_\_\_\_ mm)

**(Required if Student has been outside USA to an area not listed below.) TB testing within one year of University enrollment.**

Pursuant to Section 23-1-18(9) of the General Laws of Rhode Island, the Department of Health issues regulations regarding mandatory immunizations and testing for communicable disease. The law requires each institution to hold a certificate signed by a licensed health care provider documenting proof of immunity to Rubeola (Measles); Mumps; and Rubella (German Measles); a Tetanus/Diphtheria booster dose within ten years; Hepatitis B and Varicella and a Tuberculin Skin Test, if the individual has been in a highly endemic area within the past five years. Those areas considered low risk and therefore **do not require** TB testing include: Canada, Jamaica, St. Kitts and Nevis, St. Lucia, United States and Virgin Island, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, America Samoa, Australia, New Zealand. All other countries would require testing.

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Health Care Provider \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature and Title \_\_\_\_\_ Office Phone: \_\_\_\_\_