

Belmont University Health Services Certificate of Immunization

Name: _____	BUID _____
(Last) (First) (MI)	
Date of Birth (MM/DD/YYYY): _____ Cell Telephone: (____) _____ - _____	
Plan to live in on-campus housing? (circle one): YES NO	

INSTRUCTIONS: Immunization information must be completed, uploaded, submitted, and approved in order to register for classes at Belmont University. **The health care provider's signature and office stamp must be noted in the appropriate space or a copy of medical records with evidence of immunizations must be provided.** Please upload any supporting documentation such as lab reports for titers to the health portal.

Belmont University Immunization Requirements

Vaccine	Notations	Date of Dose
MMR ® (2 Doses) (Measles, Mumps, Rubella)	REQUIRED: Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses of MMR vaccine at least 28 days apart or serology showing immunity to MMR.	Dose 1 _____ Dose 2 _____ or Date of Positive Titer Results: _____ (attach lab report) _
VARICELLA (2 Doses) (Varivax ®) or Proof of Disease (Chickenpox)	REQUIRED: All students born on or after January 1, 1980 must provide proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the illness or a titer showing immunity (supporting documentation must be uploaded.)	Dose 1 _____ Dose 2 _____ or Date of Illness: _____ or Date of Positive Titer Result: _____ (attach lab report)
Meningitis MCV4 ACWY (Menactra ® or Menveo ®)	REQUIRED: New incoming students who are younger than 22 years of age and who will live in campus housing must provide proof of receiving a dose of quadrivalent conjugate vaccine (MCV4 protects against strains ACYW) at greater than or equal to 16 years of age. Any student not living on campus who has not received a dose of MCV4 within the past five years may choose to be vaccinated to reduce the risk of meningococcal disease.	Date of Dose at age 16 or older : _____
Tetanus or TdaP (Adacel® or Boostrix®)	REQUIRED: within last 10 years. For information on Tetanus and TdaP, please refer to the Centers for Disease Control and Prevention website.	Tetanus or TdaP (circle one) Date of last dose: _____
Hepatitis B ® (Series of 3 doses)	REQUIRED: Students may upload documentation and input dates of Hepatitis B dosing. For information on Hepatitis B, please refer to the Centers for Disease Control and Prevention website. Proof of immunization with a three-dose regimen and a	Dose 1 _____ Dose 2 _____ Dose 3 _____

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	(+) antibody titer is required for Health Science students prior to clinical rotations.	
COVID-19 (Circle One) PFIZER MODERNA JANSSEN J&J OTHER: _____	RECOMMENDED: Students may upload documentation and input dates of COVID dosing. For information on COVID, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____ Booster: _____
Hepatitis A (2 Doses)	RECOMMENDED: Students may upload documentation and input dates of Hepatitis A dosing. For information on Hepatitis A, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____
Meningococcal Serogroup B (Bexsero® or Trumemba®)	RECOMMENDED: Students may upload documentation and input dates of Meningitis B dosing. For information on Meningitis B, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____
Polio primary series or Adult Booster	RECOMMENDED: Students may upload documentation and input date of primary series completion or adult booster. For information on Polio, please refer to the Centers for Disease Control and Prevention website.	Date of completed primary series _____ or Adult Booster: _____
Human Papillomavirus (HPV)	RECOMMENDED: Students may upload documentation and input dates of HPV dosing. For information on HPV, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____ Dose 3 _____

TB Skin Test (PPD) Screening Questions:

1. Have you ever had a positive TB test or diagnosed with Tuberculosis? **If "yes" you must attach/upload a chest x-ray or proof of treatment.**
2. Have you been in close contact with someone with tuberculosis?
3. Were you born in Africa, Eastern Europe, Asia, the Middle East, or South/Central America?
4. Have you had extended or frequent travel to the areas listed above?
5. Have you been an employee or volunteer in a prison, nursing home, homeless shelter, or hospital?

If you answered "yes" to one or more of questions 2.-5. above, please provide documentation of a TB skin test and results performed within last 12 months.

TB Skin Test: Date placed _____ Arm RT/LT (circle) Date read: _____ Result: _____ mm

HEALTH CARE PROVIDER CERTIFICATION:

THIS MUST BE SIGNED AND STAMPED BY THE PROVIDER or DESIGNEE

PROVIDER NAME (Print): _____ ADDRESS: _____

PROVIDER SIGNATURE: _____ PROVIDER STAMP: _____

PHONE: _____