

Required Immunizations Form

Coe College requires proof of immunizations on file in Health Services prior to class registration.

This information must be submitted by AUGUST 1ST to Coe College Health Services,
1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269

Last Name	First Name	Middle	Birth Date
Student Cell Phone			

<u>REQUIRED IMMUNIZATIONS</u>			
DTP (Primary Series Dates) #1 _____ #2 _____ #3 _____ #4 _____	Polio (3 Dose Primary Series and Booster) #1 _____ #2 _____ #3 _____ #4 _____	MMR (Measles, Mumps, Rubella) 2 doses required #1 _____ #2 _____	
TD or DTAP #1 _____ #2 _____ (within 10 years) Diphtheria/Tetanus/Pertussis			
<u>RECOMMENDED IMMUNIZATIONS</u>			
Meningococcal (Highly Recommended)		Menomune _____ Menactra _____ Date: _____	
Hepatitis B Series #1 _____ (Required for Nursing and Athletic Training) #2 _____ #3 _____	Hepatitis A #1 _____ #2 _____	Varicella - Date of chicken pox: _____ (Indicate history of chicken pox or 2 doses of vaccine) #1 _____ #2 _____	
Gardasil #1 _____ #2 _____ #3 _____			
Other _____			
Healthcare Professional Signature _____		Date _____	

REQUIRED FOR INTERNATIONAL STUDENTS ONLY – TB SCREENING

- DO NOT HAVE A TUBERCULOSIS SKIN OR BLOOD TEST DONE PRIOR TO COMING TO COE COLLEGE. TB SCREENING MUST BE DONE IN THE UNITED STATES.
- Do not have a BCG vaccination prior to coming to Coe College.
- If you are required to have a chest x-ray, it must be done in the United States within 3 months of starting at Coe College.
- If you have been treated for TB infection or disease, bring a copy of your treatment report written in English.

If you have had a positive reaction to a tuberculin skin test (Mantoux 5 TU/PPD), that is, swelling greater than or equal to 10mm as read within 48-72 hours of being tested, bring documentation validated by the signature and stamp/seal of an authorized immunization official.

For positive TST test result individuals only: TST given-date: ____/____/____ : TST read-date: ____/____/____
 month day year Reaction in mm: _____

Do you have a history of BCG vaccinations? no yes – date of most recent BCG: ____/____/____
 cdc.gov/tb and who.int/tb/en/ month day year

Meningitis Vaccine Information

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. Meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for college freshman living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. **IOWA LAW requires us to provide this information on meningitis and the meningitis vaccine. We are also required to collect data on meningitis vaccination on the Coe College campus.**

Please indicate if you have received the meningitis vaccine: yes no
 If yes indicate date given (month, day, year): ____/____/____

Your signature verifies that you have read this information: Signature: _____ Date: _____

MEDICAL EXEMPTION - SEPARATE DOCUMENTATION SIGNED BY A MEDICAL PROFESSIONAL MUST BE PROVIDED

CONSCIENTIOUS/RELIGIOUS EXEMPTION - SEPARATE NOTARIZED DOCUMENTATION MUST BE PROVIDED