

Immunizations

Coe College requires proof of immunizations on file in Health Services prior to class registration. This information must be submitted by JULY 1ST to Coe College Health Services, 1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269. The documents may be scanned and emailed to o-healthservices@coe.edu. **Student registration is held until proof of immunizations have been submitted to the Health Services at Coe College.**

Last Name First Name Middle Birth Date

REQUIRED IMMUNIZATIONS

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 Tdap (indicate Td, or Tdap) #1 _____ #2 _____
Diphtheria/Tetanus/Pertussis (within 10 years) Booster Series. Two doses required.

RECOMMENDED IMMUNIZATIONS

****Meningococcal (Highly Recommended)** Menomune _____ or Menactra _____ Date: _____

Hepatitis B Series (Required for Nursing and Athletic Training) #1 _____ #2 _____ #3 _____
Hepatitis A #1 _____ #2 _____
Varicella - Date of chicken pox: _____
(Indicate history of chicken pox or 2 doses of vaccine) #1 _____ #2 _____

HPV #1 _____ #2 _____ #3 _____
Influenza #1 _____ #2 _____ #3 _____ #4 _____

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

Meningococcal disease is a potentially life-threatening bacterial infection caused by Neisseria meningitides, a leading cause of bacterial meningitis in older children and young adults in the United States. The disease most commonly is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococemia, a serious infection of the blood. Since 1991, cases of meningococcal disease among 15-24 year olds have increased. Studies show that students residing in on campus dormitories, especially first-year students, appear to be at up to a six-fold increase risk for meningococcal disease than other college students overall. Two vaccinations are available against four of the most common strains of N.meningitidis in the United States. The vaccines are 85-100 percent effective in preventing disease in older children and adults. Iowa law requires that we provide this information on Meningitis and the meningitis vaccine.

- I have received the meningococcal vaccine. (See above)
- I decline the vaccination

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

Immunization Exemption for medical or religious reasons:

MEDICAL EXEMPTION - Separate documentation signed by a medical professional must be provided
CONSCIENTIOUS/RELIGIOUS EXEMPTION - separate notarize documentation must be provided.

The form may be found at coe.edu under the Health Services tab