



## PROOF OF IMMUNIZATIONS—ALL STUDENTS

Bethel College requires that **ALL** students submit a copy of their current immunization record to be kept on file in the Student Life Office.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

### IMMUNIZATION DATES

MMR 1 \_\_\_\_\_ 2 \_\_\_\_\_

Polio 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Tetanus/Diphtheria Booster (must be within last 10 years) \_\_\_\_\_

Haemophilus influenza (HIB) \_\_\_\_\_

### **TB Screening Form (*required—see attached form*)**

Check here if you have had a TB skin test \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

If positive, chest X-ray results: \_\_\_\_\_

Hepatitis A (recommended) \_\_\_\_\_ Hepatitis B (recommended) \_\_\_\_\_

### **Meningococcal vaccine (*required if living in residence halls*)** (see *Meningitis Fact Sheet*) Date \_\_\_\_\_

Varicella --chicken pox (recommended) \_\_\_\_\_

## IMMUNIZATION EXEMPTION—ALL STUDENTS WITHOUT IMMUNIZATIONS

Student's physician **must** sign the following in order to be admitted without the above immunizations.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_