



Vaccination Report

Drury University, in compliance with the American College Health Association Immunization guidelines, **REQUIRES** each student to have completed the following vaccinations to ensure the safety of everyone on our campus. **Students are encouraged to complete Part I of this form and attach a photocopy of their vaccination record in lieu of completing Part II.**

To keep students current with their immunizations while on campus, the following vaccines are available at a reduced fee from the Panther Clinic: Td, TDAP, and the seasonal Influenza vaccine.

PART I

Name _____
First Name Middle Name

Permanent Address _____
Last Name
Street City State Zip

Date of Entry at Drury ____/____/____ Date of Birth ____/____/____ School ID#____
M Y M D Y

PART II – To be completed and signed by your healthcare provider.

REQUIRED VACCINATIONS

A. MMR (MEASLES, MUMPS, RUBELLA)

Two doses required at least 28 days apart for students born after 1956 and all health care professional students.

1. Dose 1 given at age 12 months or later#1 ____/____/____
M D Y

2. Dose 2 given at least 28 days after first dose#2 ____/____/____
M D Y

B. POLIO

IPV/OPV sequential: IPV #1 ____/____/____ IPV #2 ____/____/____
M D Y M D Y

OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y

C. DIPHTHERIA, PERTUSSIS, TETANUS (DPT)

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
M D Y M D Y M D Y

Dose #4 ____/____/____ Dose #5 ____/____/____
M D Y M D Y

Date of most recent booster dose (must be within the last 10 years): ____/____/____
M D Y

Type of booster: Td ____ Tdap ____

