

Last Name: Bobcat First Name: Bob Student ID#: 001234567 Date of Birth: 06/22/2003

For records originating outside of the U.S.: Required completion of this form by your healthcare provider

For records originating within the U.S.: Optional completion of this form by your healthcare provider **or** upload complete vaccination record signed by your healthcare provider (which must include the required (*) vaccines below).

Please upload to Adobe Sign or mail documents to: Bates Health Services, 31 Campus Ave. Lewiston, ME 04240.

Vaccine	Dose	Date Given (mm/dd/yyyy)
REQUIRED These requirements are in accordance with the Maine State Department of Health and Human Services and Maine State CDC required vaccinations for attendance to post-secondary schools in Maine.		
*Measles, Mumps, and Rubella (MMR, MMRV) *the first dose in this 2-dose series must have been given on or after the 1st birthday	#1	07/12/2004
	#2	07/12/2004
*Tetanus, Diphtheria, and Pertussis (DTaP, DTP, DT, Td, TdaP) *at least 1 dose given within the last 10 years	#1	02/01/2021
*COVID-19 Vaccine Series (Pfizer BioNTech, Moderna, Johnson & Johnson) *up to date in compliance with current CDC for fully vaccinated persons: including primary vaccine series and booster	#1	03/04/2020
	#2	03/24/2020
	#3	09/12/2020
RECOMMENDED These vaccines are recommended for protection from vaccine-preventable diseases and outbreaks.		
Hepatitis A (Havrix, Vaqta, ViCPS)	#1	04/05/2019
	#2	04/05/2019
	#3	04/05/2019
Hepatitis B (HepB, Recombivax HB)	#1	06/02/2016
	#2	06/02/2016
	#3	06/02/2016
Meningococcal Vaccine (MenACWY, MenB)	#1	12/04/2021
	#2	12/04/2021
Varicella (Varivax, MMRV)	#1	09/02/2021
	#2	09/02/2021

BHS strongly recommends a booster dose of MMR, the meningococcal vaccine series, and an annual seasonal flu shot. All recommended vaccines are available on campus through Bates Health Services. Flu shots are available during an on-campus flu shot clinic in October. Upload Immunization Records



Student's Signature: *Bob Bobcat* Date Signed: 05/25/2022

Bob Bobcat (May 25, 2022 18:05 EDT)

Doctor's Signature: _____

FAX number: _____ Address: _____

Last Name: _____ First Name: _____ Student ID#: _____ Date of Birth: _____

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