

Student Legal First Name: \_\_\_\_\_ Student Legal Last Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

**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).

Vaccine	Dose	Date Given (mm/dd/yyyy)
<b>REQUIRED</b> 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.		
<b>*Measles, Mumps, and Rubella</b> (MMR, MMRV) *the first dose in this 2-dose series must have been given on or after the 1st birthday	#1	
	#2	
<b>*Tetanus, Diphtheria, and Pertussis</b> (Td, Tdap) *at least 1 dose given within the last 10 years	#1	
<b>RECOMMENDED</b> These vaccines are recommended for protection from vaccine-preventable diseases and outbreaks.		
<b>Meningococcal Vaccine</b> (MenACWY, MenB)	#1	
	#2	
<b>Varicella</b> (Varivax, MMRV)	#1	
	#2	

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.

Student's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_