

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).

**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)
<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 after the 1st birthday, and the 2nd dose must be 28 days after the first.	#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>Human Papilloma (HPV) Vaccine</b>	#1	
	#2	
	#3	
<b>Hepatitis B Vaccine</b>	#1	
	#2	
	#3	
<b>Hepatitis A Vaccine</b>	#1	
	#2	
<b>Polio Vaccine</b>	#1	
	#2	
	#3	
<b>Varicella</b> (Varivax, MMRV)	#1	
	#2	
<b>Covid-19</b> *enter the most recent vaccination date	#1	
<b>Meningococcal Vaccine</b> (MenACWY, MenB)	#1	
	#2	

BHS strongly recommends a booster dose of MMR, the meningococcal vaccine series, a COVID-19 booster dose, and an annual seasonal flu shot. All recommended vaccines are available on campus through Bates Health Services. Flu shots and COVID-19 vaccines are available during an on-campus vaccine clinic in October.

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

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

Provider's Signature: \_\_\_\_\_

Printed Name and Credentials: \_\_\_\_\_

Practice Location: \_\_\_\_\_

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