

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)
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 after the 1st birthday, and the doses must be given 28 or more days apart.	#1	
	#2	
*Tetanus, Diphtheria, and Pertussis Td, TdaP) *at least 1 dose given within the last 10 years	#1	
RECOMMENDED These vaccines are recommended for protection from vaccine-preventable diseases and outbreaks.		
Human Papilloma (HPV) Vaccine	#1	
	#2	
	#3	
Hepatitis B Vaccine	#1	
	#2	
	#3	
Hepatitis A Vaccine	#1	
	#2	
Polio Vaccine	#1	
	#2	
	#3	
Varicella (Varivax, MMRV)	#1	
	#2	
Covid-19 *enter the most recent vaccination date	#1	
Meningococcal Vaccine (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 Signature: _____

Date Signed: _____

Parent / Guardian Signature: _____

Date Signed: _____

Provider Signature: _____

Printed Name and Credentials: _____

Practice Location: _____

Date Signed: _____