

# MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Student Health Services

Phone 207-326-2295 Fax 207-326-2129

## IMMUNIZATION RECORD

This form **MUST** be signed by a health care provider.

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### \* REQUIRED IMMUNIZATIONS FOR ALL ENTERING STUDENTS:

	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
*DPT (series of five doses)					
*Td/Tdap within last 10 years					
* MMR (two )					
*Poliomyelitis (3 doses)					
*Varicella (history of having vaccine or having had disease)					
*Hepatitis A vaccine					
*Hepatitis B vaccine					
* Meningitis vaccine					
(other)					
(other)					
(other)					

### \* REQUIRED WITHIN THE LAST YEAR

Mantoux (PPD) Test	MM/DD/YYYY
Date Given	
Date Interpreted	
Results in mm of induration	

\*If the applicant meets the standards for medical, religious, or ethical exemption; applicant and/or guardian (if applicant is a minor) must complete the immunization exemption form and sign. Every student who is exempt, for any reason, will be required to leave the Academy if there is an occurrence of any disease for which the exemption has been provided.

\_\_\_\_\_  
Printed name of Physician/Nurse

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Signature of Physician/Nurse

\_\_\_\_\_  
Date

Castine, Maine 04420

\_\_\_\_\_  
mainemaritime.edu