



MAINE MARITIME ACADEMY
Student Health Services
Castine, ME 04420

IMMUNIZATION RECORD

This form MUST be signed by a health care provider.

NAME: _____

Date of Birth: _____

***- REQUIRED IMMUNIZATIONS FOR ALL ENTERING STUDENTS:**

	<i>M/D/Y</i>	<i>M/D/Y</i>	<i>M/D/Y</i>	<i>M/D/Y</i>	<i>M/D/Y</i>
*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					
(others)					
(others)					
(others)					

Required within the last year

Mantoux (PPD) Test	M/D/Y
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 make out the back of this immunization 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