

MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Phone 207-326-2207 Fax 207-326-2515

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	

Printed name of Physician/Nurse

Telephone number

Signature of Physician/Nurse

Date