



Proof of Immunization

The District of Columbia law states that all students under the age of 26, regardless of program of study, are required to provide proof of immunization.

Student: District of Columbia law requires that all students under age 26, enrolled in schools within the District, and all residential students regardless of age, provide proof of having had the following immunizations: two vaccinations against Measles, Mumps, and Rubella, given after 1 year of age and at least 30 days apart; one Diphtheria/Tetanus booster given within the past ten years; two doses of Varicella (Chicken Pox) vaccine 60 days apart/ or titer proving history of the disease; a series of three Hepatitis B immunizations administered over a 6 month period, two doses of Hepatitis A immunization administered no sooner than six months apart, and the MPSV 4 Meningococcal Immunization. This form should be completed with your physician present so s/he can consolidate your records and update any immunizations you may be missing. If you submit an immunization form that is incomplete, has invalid dates, or lacks a validating stamp it will not be processed and will delay your registration for classes.

Doctor: Vaccine preventable diseases occur on college campuses where students are not immunized or are inadequately immunized. You help us to protect our students and their contacts by not accepting anecdotal information and by submitting immunization data from your office records or from records presented for your review which include complete dates (month/day/year) of administration. Where records are missing or incomplete please update immunizations to ensure that the student is protected, and enables him/her to complete requirements for matriculation at Wesley Seminary. If a claim to immunity is made based on your patient having the disease, documentation from the original treatment record is required, or the result(s) from an antibody titer including test performed, result, and reference range must be returned with this form.

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IMMUNIZATION RECORD

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

Last name, First name **Student ID #** **MM/DD/YYYY of Birth**
 (Please print clearly)

MMR (Measles, Mumps, Rubella given as a single injection)			M/Y
Dose 1 - Immunized after first birthday	Date		
Dose 2 - Immunized at least 30 days after Dose 1	Date		
Tetanus-Diphtheria			M/Y
Student must have completed the primary series and... ...received 1 adult Tetanus/Diphtheria booster within the past ten years			Date
VARICELLA (Chicken Pox)			
Had the disease (positive Varicella antibody)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dose 1 - Immunized	Date		
Dose 2 - Immunized at least 60 days after Dose 1	Date		
HEPATITIS B			
Dose 1 - Immunized	Date		
Dose 2 - Immunized at least 30 days after Dose 1	Date		
Dose 3 - Immunized at least 6 months after Dose 2	Date		
HEPATITIS A			
Dose 1 - Immunized	Date		
Dose 2 - Immunized at least 30 days after Dose 1	Date		
MENINGOCOCCAL VACCINE (MCV4)			
Immunized	Date		
TUBERCULOSIS SCREENING			
Skin Test – Given	Date		
Skin Test—Read	Date		
Result	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	
Chest X-Ray (Req. if Skin Test is Pos) Result	Nor <input type="checkbox"/>	AbN <input type="checkbox"/>	
Chest X-Ray	Date		

HEALTH CARE PROVIDER

Name	Address
	()
Signature	Phone

An office stamp must be used to validate this form: