

TO BE COMPLETED & SIGNED BY A  
HEALTH CARE PROVIDER  
All dates must include Month, Day & Year. A titer which shows immunity to Measles, Mumps, Rubella is acceptable, history of illness is not acceptable.  
RETURN BY JULY 15

IMMUNIZATION  
RECORD

*Physician/Health Care Provider  
Complete This Form*

Garrison-Foster Health Center  
Colby College  
4460 Mayflower Hill Drive  
Waterville, ME 04901-8844  
fax: (207) 859-4475  
tel: (207) 859-4460

Maine state law and Colby College policy mandate that your health record, including certification of immunizations, be on file at the Health Center. Immunization records must be complete, showing **month, day and year** that immunizations were given and must include the signature or initials of the health care provider and the name and address of the provider's office. Alternatively, a valid copy of school immunization records, hospital/clinic or military records, etc. is acceptable. The state of Maine is very clear that the letter of the law must be followed; if proper proof cannot be obtained, you have these options:  
1. A serum titer test can be done for Measles, Mumps, and Rubella. There is no titer test for Tetanus-diphtheria or Polio.  
2. Vaccines can be administered again by your home health care provider.  
In many cases valid records from many years ago are no longer available; we recognize the inconvenience this causes in some cases, but we must firmly enforce these requirements.

	First Name	Middle Initial	Date of Birth
Student's Last Name			Month Day Year
<b>A. TETANUS-DIPHThERIA</b>			
1. Primary series			___/___/___
2. Tetanus-diphtheria booster <b>required</b> within the last 10 years.....			___/___/___
<b>B. MMR (MEASLES, MUMPS, RUBELLA) if given instead of individual immunizations, 2 doses required</b>			
1. MMR <b>dose #1</b> (Immunized between 13 months and 5 years of age).....			___/___/___
2. MMR <b>dose #2</b> (Immunized after age 5 years, and at least one month after 1st dose)			___/___/___
3. MEASLES (RUBEOLA) - If given instead of the MMR vaccine, <b>2 doses required</b>			
#1 ___/___/___ #2 ___/___/___ (or copy of laboratory titer)			
4. MUMPS - If given instead of the MMR vaccine, <b>1 doses required, 2 recommended</b>			
#1 ___/___/___ #2 ___/___/___ (or copy of laboratory titer)			
5. RUBELLA - If given instead of the MMR vaccine, <b>1 doses required, 2 recommended</b>			
#1 ___/___/___ #2 ___/___/___ (or copy of laboratory titer)			
<b>C. POLIO - required</b> Oral <input type="checkbox"/> IPV <input type="checkbox"/> Date Polio primary series completed ___/___/___			
<b>D. MENINGOCOCCAL VACCINE -required</b> Menomune <input type="checkbox"/> Menactra <input type="checkbox"/> ___/___/___			
<b>E. HEPATITIS B - recommended</b> ..... #1 ___/___/___ #2 ___/___/___ #3 ___/___/___			
<b>F. HEPATITIS A</b> ..... #1 ___/___/___ #2 ___/___/___			
<b>G. HPV - Gardasil</b> ..... #1 ___/___/___ #2 ___/___/___ #3 ___/___/___			
<b>H. CHICKEN POX (VARICELLA) VACCINE - Suggested if no history of disease</b> #1 ___/___/___ #2 ___/___/___			

**G. Physician's Signature** \_\_\_\_\_ Date \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Forms with incomplete or missing information will be returned for correction. Enclose Health Form and Immunization Record in the business size envelope addressed to COOT and mail with COOT materials by July 15. History and Physical Exam information and Immunization Records are confidential and will be reviewed by Health Center Staff.

**FAILURE TO COMPLY WITH MAINE STATE LAW AND COLBY REQUIREMENTS MAY RESULT IN DENIAL OF COOT TRIP AND/OR REGISTRATION. PROPER COMPLETION, DOCUMENTATION AND RETURN OF ALL HEALTH RECORDS IS REQUIRED PRIOR TO YOUR ARRIVAL.**

Health Care Provider Must Complete