

Name: \_\_\_\_\_

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

**VALLEY FORGE MILITARY COLLEGE IMMUNIZATION RECORD**

**\*\*Immunization Record Must Be Signed by a Physician\*\***

**Copies May Be Attached**

**Tetanus-Diphtheria & Pertussis**  
4 doses of Dtap, DTP, Td, or DT

<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>
___/___/___	___/___/___	___/___/___	___/___/___
Month Day Year	Month Day Year	Month Day Year	Month Day Year

**Tdap**  
Required for all students

**Dose 1**  
\_\_\_/\_\_\_/\_\_\_  
Month Day Year

**Polio**  
4 doses; last dose must be on or after 4th birthday

<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>
___/___/___	___/___/___	___/___/___	___/___/___
Month Day Year	Month Day Year	Month Day Year	Month Day Year

**Hepatitis B**  
3 doses of vaccine *or* a blood test showing immunity.

<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>
___/___/___	___/___/___	___/___/___
Month Day Year	Month Day Year	Month Day Year

**Measles, Mumps, Rubella (MMR)**  
2 doses of vaccine

<b>Dose 1</b>	<b>Dose 2</b>
___/___/___	___/___/___
Month Day Year	Month Day Year

**Varicella (Chicken Pox)**  
2 doses of vaccine or history of illness or titer

<b>Dose 1</b>	<b>Dose 2</b>	<b>OR</b>	<b>Varicella Illness Titer</b>
___/___/___	___/___/___		___/___/___
Month Day Year	Month Day Year		Month Day Year

**Meningococcal**  
(serogroups A, C, Y, and W-135 required)  
1 dose upon entry into 7<sup>th</sup> grade.  
2<sup>nd</sup> dose at 16 years old or entry into 12<sup>th</sup> grade.

<b>Dose 1</b>	<b>Dose 2</b>
___/___/___	___/___/___
Month Day Year	Month Day Year

**PPD--** Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Result \_\_\_\_\_ mm (If Q-gold done, attach result)

Result interpreted by: Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_

(If not done prior to arrival, PPD can be done on campus for a \$25 fee added to school account)

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_