VALLEY FORGE MILITARY COLLEGE
THE MILITARY COLLEGE OF PENNSYLVANIA

Wellness Center Phone: 610-989-1519
Fax: 610-989-1516

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

Dose 1	Dose 2	Dose 3	Dose 4
___/___/___	___/___/___	___/___/___	___/___/___
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

Dose 1	Dose 2	Dose 3	Dose 4
___/___/___	___/___/___	___/___/___	___/___/___
Month Day Year	Month Day Year	Month Day Year	Month Day Year

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

Dose 1	Dose 2	Dose 3
___/___/___	___/___/___	___/___/___
Month Day Year	Month Day Year	Month Day Year

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

Dose 1	Dose 2
___/___/___	___/___/___
Month Day Year	Month Day Year

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

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

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

Dose 1	Dose 2
___/___/___	___/___/___
Month Day Year	Month Day Year

TB Test
In the event that a PPD cannot be performed, documentation of a negative chest X-Ray* or Quantiferon Gold** (Q-Gold) blood test will be accepted.

PPD-- Date Placed_____ **Date Read**_____ **Result** _____**mm (If Q-gold done, attach result)**

Result interpreted by: Print Name/Title_____ **Signature**_____

Name of Physician (print/type) _____ Date_____

Address_____ Phone_____

Signature of Physician_____