Pennsylvania College of Technology
A Penn State Affiliate

Mandatory: Immunization Verification Form

College Health Services • 570.320.5234 • 570.329.4947 (fax)

PART I: Completed by student. Please print.

Student _____
Last name *First name* *Date of birth*

_____
ID number *Cell/home phone*

I hereby authorize, and give my consent to, the medical provider completing this form to release the information herein to Penn College College Health Services.

Student signature _____ Date_____/_____/_____
MM *DD* *YYYY*

Upload completed form and supporting documentation to the College Health Portal at pct.studenthealthportal.com (use Penn College network username and password).

PART II: To be completed and signed by your healthcare provider. *All information must be in English.*
Required for all students.

1. Hepatitis B

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____ Dose #3 _____/_____/_____
MM DD YYYY *MM DD YYYY* *MM DD YYYY*

2. Varicella

1. History of disease ☐ Yes ☐ No

2. Immunization Dose #1 _____/_____/_____ Dose #2 _____/_____/_____
MM DD YYYY *MM DD YYYY*

3. MMR (Measles, Mumps, Rubella)

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____
MM DD YYYY *MM DD YYYY*

4. Meningococcal Conjugate (MCV4) *Age 23 or older exempt.*

One dose (on or after 16th birthday) _____/_____/_____
MM DD YYYY

Specify type (e.g., Menactra /Menvco) _____

5. Meningococcal Serougroup B *Age 23 or older exempt. Not required, but strongly recommended.*

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____
MM DD YYYY *MM DD YYYY*

Specify type (e.g., Bexsero/Trumenba) _____

6. Tetanus *Must be within the last 10 years.*

Tdap (Adacel/Boostrix) _____/_____/_____ **or** Td _____/_____/_____
MM DD YYYY *MM DD YYYY*

HEALTHCARE PROVIDER: Provide this completed form and a copy of any immunization records to the student.

* Students may have additional or different clinical requirements upon acceptance into Nursing & Health Science (NHS) programs.

_____
Name (print)

_____
Medical provider signature

_____
Office phone number

Office stamp or address

PC 1952 6/22