



STEP 1: 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).*

You will receive Secure Messages through the College Health Portal. Look for the following:

Secure Message From Penn College Health Services
P Penn College Health Portal <noreply@studenthealthportal.com>
To: Hello student,
 You have received a new Secure Message via the Penn College Health Portal. Please click here to retrieve your message.
Thank you,
 Penn College Health Services
 570-320-5234

STEP 2: You must attach immunization documentation/records that include your name and date of birth OR provide an office stamp/signature from your medical provider in the space provided

IMMUNIZATION DOCUMENTATION/RECORDS MAY BE OBTAINED FROM YOUR FAMILY DOCTOR, HIGH SCHOOL OR THE HEALTH DEPARTMENT ** If vaccine dates are not available, positive serological titers (blood work) may also be sent as proof of vaccination.

HEALTHCARE PROVIDER NOTE: If immunization records are not being attached, please complete the signature section and add the student's vaccine dates to the chart below

<p>_____</p> <p><i>Name (print)</i></p> <p>_____</p> <p><i>Medical provider signature</i></p> <p>_____</p> <p><i>Office phone number</i></p>	<p>Office Stamp or Address</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Required vaccines for all students	1 st DOSE DATE	2 nd DOSE DATE	3 rd DOSE DATE	4 th DOSE DATE
Hepatitis B Minimum three (3) shot series is required				
Meningitis – Serogroup A,C,Y, W135 (Menactra, Menveo, Menomune) Must be at least one (1) dose given on or after age 16. (Students age 23 or older are exempt from this vaccine.) **Students age 22 or below MUST provide proof of this immunization before moving on campus**				
MMR OR MMRV – Two (2) doses given 28 days apart (Measles/Mumps/Rubella) OR (Measles/Mumps/Rubella/Varicella)				
TDAP OR Td Tetanus vaccine administered within the last 10 years				
Varicella (chicken pox) OR MMRV – Two (2) doses given 28 days apart (Varicella) OR (Measles/Mumps/Rubella/Varicella) OR history of disease			Year/Age had chicken pox:	

Recommended vaccines for students below age 23 (not required)	1 st DOSE DATE	2 nd DOSE DATE	3 rd DOSE DATE	4 th DOSE DATE
Meningococcal Serogroup B – Two (2) doses				

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