

To be completed and signed by a healthcare provider. In lieu of this form, students can upload their official immunization record, provided it includes their name and DOB

1021 Dulaney Valley Rd., Baltimore, MD 21204
Phone: (410)337-6050
Fax: (410)337-6051
Upload completed & signed form to:
<https://goucher.medicatconnect.com>

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name & Pronouns: _____

Date of Birth: _____ Student ID Number: _____

Mandatory Immunizations

(Please write the dates on the lines provided and include month, date, and year)

1. Measles, Mumps, Rubella (MMR):

Dose 1 (given at 1 year old or later): _____ Dose 2 (given at least 4 weeks after Dose 1): _____

*You may use choose to include a lab report of your titers to satisfy this requirement

2. Tetanus-Diphtheria:

*TD booster within the last 10 years

TD: _____ OR Tdap: _____

3. Meningococcal:

*Maryland law requires an individual enrolled in an institution of higher education in Maryland who resides on campus in student housing to receive vaccination against meningococcal disease unless the individual signs a waiver. The waiver can be completed online in the student's Mediat account.

MCV (Menactra/Menveo/Menomune): _____ MCV Booster (if initial dose was before age 16): _____

Recommended Immunizations

COVID-19 (fill in the name of the vaccination and/or include the most updated booster you've received)

Dose 1 Vaccine: _____ Date: _____

Dose 2 Vaccine: _____ Date: _____

Most recent booster: _____ Date: _____

Hepatitis B

Dose 1: _____ Dose 2: _____ Dose 3: _____

Hepatitis A

Dose 1: _____ Dose 2: _____ Other: _____

Hepatitis A/B

Dose 1: _____ Dose 2: _____ Dose 3: _____

HPV

Dose 1: _____ Dose 2: _____ Dose 3: _____

Varicella

History of Disease: _____

OR

Dose 1: _____ Dose 2: _____

Meningitis Type B

Dose 1: _____ Dose 2: _____

Provider's Signature

Date

Print Name & Title

Phone Number

Address