Immunization Record

(Form must be completed and returned before registration)

Goucher College
Student Health Services

1021 Dulaney Valley Road • Baltimore, Maryland 21204-2794
410-337-6050 (phone) • www.goucher.edu/health
410-337-6051 (fax) • https://goucher.medicatconnect.com

Last Name First Name Middle Initial

Birthdate (MM/DD/YYYY): _____

MANDATORY IMMUNIZATIONS FOR GOUCHER COLLEGE REGISTRATION

To be completed and signed by a health care provider. (Dates must include month, day, and year)

M.M.R. (Measles, Mumps, Rubella)

Option 1

Dose 1—Immunized at 1 year or after

_____/_____/_____

Dose 2—At least 4 weeks after dose 1

_____/_____/_____

OR

M.M.R. Titer (Measles, Mumps, Rubella)

Option 2

Lab report of titer_____

Copy of report must be attached.

Tetanus-Diphtheria

(TD booster within last 10 years)

TD _____/_____/_____

OR

Tdap_____/_____/_____

Meningococcal Vaccine Information

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.

Meningococcal Waiver: Can be completed online at • https://goucher.medicatconnect.com

Meningococcal Vaccine:

MCV (Menactra/Menveo/Menomune): Date _____/_____/_____

MCV Booster (if MCV initial was before age 16): Date _____/_____/_____

Recommended Vaccinations

Hepatitis B (recommended)
Dose 1 ____/____/_____
Dose 2 ____/____/_____
Dose 3 ____/____/_____

Hepatitis A (recommended)
Dose 1 ____/____/_____
Dose 2 ____/____/_____

Hepatitis A/B
Dose 1 ____/____/_____
Dose 2 ____/____/_____
Dose 3 ____/____/_____

Other
_____
_____

Varicella
History of Disease:
Month/Year: _____/_____

OR

Dose 1 ____/____/_____
Dose 2 ____/____/_____

HPV
Dose 1 ____/____/_____
Dose 2 ____/____/_____
Dose 3 ____/____/_____

Meningitis Type B Vaccine
Dose 1 ____/____/_____
Dose 2 ____/____/_____

Health Care Provider's Signature Print last name Date

Address City State ZIP Phone number