Gettysburg College Health Center by Wellspan Health
Phone: 717-337-4105 | Fax: 717-798-3407 | GettysburgCollegeHealthCenter@Wellspan.org
300 N Washington St, Gettysburg, PA 17325

Immunization Record – To Be Completed By Physician/HCP Office

Name_____ DOB_____
Last First Middle

ALL REQUIRED IMMUNIZATIONS AND THEIR SPECIFIC NUMBER OF DOSES ARE REQUIRED TO BE CONSIDERED IN COMPLIANCE BY THE COLLEGE

REQUIRED IMMUNIZATIONS	1ST DOSE	2ND DOSE	3RD DOSE
Hepatitis B A 3-shot series is required. Blood test showing immunity is acceptable. Attach/upload copy of testing.	M/D/Y	M/D/Y	M/D/Y
MMR (Measles/Mumps/Rubella) Two (2) doses after age 12 months given at least 28 days apart. Blood test showing immunity is acceptable. Attach/upload copy of testing.	M/D/Y	M/D/Y	**(NOT APPLICABLE)**
Meningitis – Serogroup A, C, Y, W Menactra, Menveo, Menomune First dose preferably between ages 11-12. Second dose after age 16.	M/D/Y	M/D/Y	**(NOT APPLICABLE)**
Polio (OPV or IPV) Provide completed series date.	M/D/Y	**(NOT APPLICABLE)**	**(NOT APPLICABLE)**
TDAP (Tetanus/Diphtheria/Pertussis) Vaccine (Within 10 years)	M/D/Y	**(NOT APPLICABLE)**	**(NOT APPLICABLE)**
Varicella (Chicken Pox) ***Two (2) doses required.** Blood test showing immunity is acceptable. Attach/upload copy of testing.	M/D/Y	M/D/Y	**(NOT APPLICABLE)**

HIGHLY RECOMMENDED IMMUNIZATIONS (NOT REQUIRED)	1ST DOSE	2ND DOSE	3RD DOSE	4TH DOSE
COVID-19 Vaccine Please list the name of the COVID-19 Vaccine (Pfizer, Moderna, Johnson & Johnson, etc.) received below:	M/D/Y	M/D/Y	M/D/Y	M/D/Y
Meningitis Serogroup B Preferred Age: 16 through 18 Bexsero (2 Doses) OR Trumenba (3 Doses)	M/D/Y	M/D/Y	M/D/Y	**(NOT APPLICABLE)**
Hepatitis A	M/D/Y	M/D/Y	**(NOT APPLICABLE)**	**(NOT APPLICABLE)**
HPV (Human Papillomavirus Vaccine)	M/D/Y	M/D/Y	M/D/Y	**(NOT APPLICABLE)**

STUDENTS NOT BORN IN THE UNITED STATES:

Have you received the BCG Vaccine? NO_____ YES_____ IF YES, DATE_____

Physician/HCP Name_____

Signature_____

Address or Stamp_____

Telephone_____ Fax_____

NOTE TO STUDENT: Please go to your **Medicat Student Patient Portal – Immunizations –** and enter all the dates of your immunizations as shown on your immunization record. Upon completion of entering your immunizations, please **upload a copy of your immunization record via the Patient Portal Upload feature.**

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