WHITMAN COLLEGE
IMMUNIZATION REQUIREMENTS

You will NOT be permitted to register without proof of required immunizations on record at the Student Health Center.

Have your health care provider help you fill out this form at the time of your physical examination.

Student's Name _____ _____
Whitman ID Number

Birthdate _____/_____/_____ _____/_____/_____ _____
Day Month Year *Social Security No.* Date Entering Whitman (month and year)
(i.e. — 3 / July / 1989)

Mandatory Vaccinations for ALL Students

(Measles/Mumps/Rubella)
MMR #1 _____/_____/_____ *Month/Day/Year*
MMR #2 _____/_____/_____ *Month/Day/Year*

- OR -

Measles #1 _____/_____/_____ *Month/Day/Year* Measles #2 _____/_____/_____ *Month/Day/Year*
Mumps _____/_____/_____ *Month/Day/Year* Rubella _____/_____/_____ *Month/Day/Year*

Tetanus/Diphtheria _____/_____/_____ *Month/Day/Year* **- OR -** Tdap (tetanus/diptheria/pertussis) _____/_____/_____ *Month/Day/Year* (**Must be within 10 years**)

Recommended Vaccinations

Under certain circumstances, a condensed vaccination schedule will be accepted.

Hepatitis A #1 _____/_____/_____ *Month/Day/Year* #2 _____/_____/_____ *Month/Day/Year*

Hepatitis B #1 _____/_____/_____ *Month/Day/Year* #2 _____/_____/_____ *Month/Day/Year* #3 _____/_____/_____ *Month/Day/Year*

Meningococcal (Meningitis) _____/_____/_____ *Month/Day/Year*

HPV (Gardasil) #1 _____/_____/_____ *Month/Day/Year* #2 _____/_____/_____ *Month/Day/Year* #3 _____/_____/_____ *Month/Day/Year*

Polio Completed primary series of polio immunization. Yes _____ No _____ Date of 5th dose _____/_____/_____ *Month/Day/Year*

Varicella (Chicken Pox)

Had disease Yes _____ No _____ Vaccination #1 _____/_____/_____ *Month/Day/Year* #2 _____/_____/_____ *Month/Day/Year*

Other vaccinations (such as typhoid, yellow fever, etc.) _____

_____

Return all information to: Whitman College
Welty Center
Walla Walla, WA 99362

Telephone: (509) 527-5281
Fax: (509) 527-4999