



CONNECTICUT COLLEGE

STUDENT HEALTH SERVICES

MEDICAL CLEARANCE AND PROOF OF IMMUNIZATIONS FORM

For **PROVIDER** to complete, STAMP, and Sign

Patient Name: _____ D.O.B. _____

REQUIRED Immunizations:

1) **2 doses of MMR vaccine**, BOTH doses after 1st birthday and at least 28 days apart:

MMR: 1) _____	2) _____	OR:	Measles: 1) _____	2) _____
			Mumps: 1) _____	2) _____
			Rubella: 1) _____	2) _____

OR: attach lab report documenting serologic immunity

2) **Quadrivalent Neisseria Meningitis**

1) _____ 2) **booster if primary was before 15 y.o.**

3) **2 doses of Varicella vaccine**, BOTH doses after 1st birthday and at least 28 days apart,

1) _____ 2) _____

Or: Physician confirmed illness: mo/day/year: _____

Or: attach lab report documenting serologic immunity

RECOMMENDED Immunizations: [please submit a copy of childhood shot records or write dates below]

DTP:

Hep A:

Hep B:

Polio (IPV/OPV):

HPV:

Meningitis B:

Pneumonia:

TD/TDaP:

PPD: results _____ date _____ not indicated

Exam:

Height: _____ Weight: _____ Pulse: _____ Respirations: _____ Sitting blood pressure: _____

List of current medications:

List of allergies:

List of conditions currently being evaluated or treated with comment on plan of care:

Findings on physical exam:

Is patient is cleared to participate in all club, intramural, and recreational sporting contests? Yes No

Signature of Examiner: _____ Date of Exam: _____

Stamp:

Once complete, please visit the Student Health Services' Web Portal (<http://connc.studenthealthportal.com/>) to enter required immunizations into the Immunization History Form. After entering immunizations please upload the completed form. Questions? Email shs@conncoll.edu.