

BSC Student Immunization Form

Students Name _____ Birth Date _____
 Address _____ Phone # _____
 City _____ State _____
 Student # _____ EMAIL _____

West Virginia requires that certain immunizations against certain diseases be completed or proof of medical exemption on file in the Health Center at Bluefield State College. Please fill the chart out below and forward to:
Admissions Office
 219 Rock Street
 Bluefield WV 24701

It is the goal of Bluefield State College to provide a safe environment while you are attending college. Please keep in mind that this must be on file in the BSC Health Center prior to attending class.

REQUIRED Type of Vaccine	DATES			
	1 st dose	2 nd dose	3 rd dose	4 th dose
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, TD) <ul style="list-style-type: none"> 4 doses required Final dose on or after age 4 years 				
Tetanus , Pertussis and Diphtheria (Tdap) <ul style="list-style-type: none"> Booster within the last 10 years 				
Polio (IPV, OPV) <ul style="list-style-type: none"> 4 doses required Final dose on or after age 4 years 				
Measels, Mumps, and Rubella (MMR) <ul style="list-style-type: none"> Before admission 2 doses required, 1st dose must be after 1st birthday. If two doses not given then a tire must be drawn with results provided. 				
Hepatitis B (Hep B) <ul style="list-style-type: none"> 3 doses to complete series. If series not completed must provide results of a titre 				
Varicella (chickenpox) 2 vaccines required <ul style="list-style-type: none"> Minimum age: on or after 1st birthday, last dose given after 6 months Vaccine or disease history required 				
Meningococcal (MCV, MPSV) <ul style="list-style-type: none"> For children in 7th-12th grade Booster given at 16 years 				
PPD or Tuberculin Test or Questionnaire <ul style="list-style-type: none"> Date and results 				
RECOMMENDED				
HPV				
Hepatitis A (Hep A)				
Influenza (annually for children 6 months and older)				

Providers Signature of Verification to Immunization: _____