

AMIGOS DEL SUR
Institute for Cultures, Languages, and International Service
IMMUNIZATION RECORDS

Have your health care provider help you fill out this form before leaving to your study abroad program. Also, ask your health provider which immunizations are required for the country or regions you are planning to study in.

Student's Name _____ Date of Birth _____

Student ID _____ Passport Number _____

Mandatory Vaccinations

MMR # 1 / / / Measles # 1 / / / Measles #2 / / /
Month/ Day/ Year Month/ Day/ Year Month/ Day/ Year

MMR # 2 / / / Mumps / / / Rubella / / /
Month/ Day/ Year Month/ Day/ Year Month/ Day/ Year

Tetanus / Diphteria (or Td) * **Must be within 10 years** _____
Month/ Day/ Year

Recommended Vaccinations

HEPATITIS B #1 / / /
Month/ Day/ Year

HEPATITIS B #2 (at least **one** month after #1) / / /
Month/ Day/ Year

HEPATITIS B #3 (at least **five** months after #2) / / /
Month/ Day/ Year

MENINGOCOCCAL (Meningitis) / / /
Month/ Day/ Year

Polio

Completed primary series of polio immunizations Yes ___ No ___

Date of last booster / / /
Month/ Day/ Year

Varicella (Chicken Pox)

Had disease Yes ___ No ___

Vaccination no. 1 / / /
Month/ Day/ Year

Vaccination no. 2 / / /
Month/ Day/ Year

Other vaccinations

(Source: Whitman College Student Health Center)