

Please enclose the certificate of immunization and/or evidence of immunity. Mail by JULY 1 to:
 Bates College Health Center
 31 Campus Ave.
 Lewiston, ME 04240-6085
 Fax: 207-786-8240

Required Immunization and Screening

The State of Maine will not accept as proof of immunization, a simple listing of immunizations the student received or history of measles, mumps, or rubella (German Measles). WE MUST HAVE: A copy of the high school immunization record, or a copy of the original immunization certificate, or a laboratory titer report as proof of immunity.

Measles (Rubeola)	Two doses of measles vaccine administered AFTER, not on, the first birthday. IN MANY CASES A THIRD VACCINE WILL BE NEEDED. PLEASE USE MMR.	
Mumps	Two doses of mumps vaccine, administered AFTER, not on, the first birthday.	
Rubella	Two doses of rubella vaccine, administered AFTER, not on, the first birthday.	
MMR Vaccine #1	_____	Include proof of immunization
	month/date/year	
MMR Vaccine #2	_____	MD Signature
	month/date/year	

Tetanus/Diphtheria and Pertussis	Three primary doses of DPT or DT (pediatric) or TD (adult) age appropriately administered constitutes a minimally acceptable number of doses. Additionally, a booster dose of Tdap is required between the ages of 11 and 18 years.	
Tdap (if needed)	_____	MD Signature
	month/date/year	

Recommended Vaccines: the following vaccinations are strongly recommended but not required. Students needing to complete the Hepatitis B vaccine series may do so at the Health Center at cost.

Hepatitis B Vaccine	#1 _____	#2 _____	#3 _____
	date / MD Signature	date / MD Signature	date / MD Signature
Varivax Vaccine (chicken pox)	_____		
	date / MD Signature		
Meningococcal vaccine	_____		
Polysaccharide meningococcal vaccine or Menactra?	Please circle	date / MD Signature	

The American College Health Association recommends that colleges provide information about meningitis and that the meningitis vaccine be made available to first year students living in dormitories. Meningitis information is available on our website at www.bates.edu/admin/offices/health/meningitis.html

SPORTS MEDICINE RELEASE - PLEASE SIGN

I _____ Hereby authorize and request that the Bates College Health Center
Print Name

and Bates College Sports Medicine be permitted to verbally communicate, send, and/or receive medical information, obtained in the course of treatment for injury or illness which is relevant to my participation in athletic activities, and includes my complete Physical Exam form required for participation in varsity sports.

Student Signature _____ Date _____