



Immunization Form
for Colleges of Health Professions

University of New England and State of Maine Requirements

Name: _____ Date of Birth _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Home: _____

COLLEGES of: Health Professions:

College of Osteopathic Medicine, College of Dental Medicine, College of Pharmacy, Nursing, Applied Exercise Science, Athletic Training, Sports Medicine, Dental Hygiene, Physical Therapy, Occupational Therapy, Physician’s Assistant, Social Work and MSNA.

Tdap Vaccine: Date Administered: _____
Meningococcal Vaccine: (Residential Students Only) Date Administered: _____

Hepatitis B Series: (Three shot series) **(HEP B TITER REQUIRED)**
Hepatitis B Surface Antibody Titer, Quantitative: REQUIRED
Dates Administered: #1 _____ #2 _____ #3 _____
Hepatitis B Antibody Titer: Result: Laboratory report **MUST** be attached.
*If titer proves **NEGATIVE** or **EQUIVOCAL**, a repeat of the Hepatitis B series of 3 vaccines is required.
*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc

MMR Series: (Two shot series)
Dates Administered: #1 _____ #2 _____
MMR Titer Required **ONLY** if unable to provide documentation of 2 immunizations.
MMR Antibody Titer, Quantitative: Result: Laboratory report **MUST** be attached.
*If titer proves **NEGATIVE** or **EQUIVOCAL**, then two administrations of the vaccine are required.
*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc

Varicella Series: (Two shot series)
Dates Administered: #1 _____ #2 _____
Varicella Titer Required **ONLY** if unable to provide documentation of 2 immunizations.
Varicella Antibody Titer, Quantitative: Result: Laboratory report **MUST** be attached.
*If titer proves **NEGATIVE** or **EQUIVOCAL**, then two administrations of the vaccine are required.
*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc



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<p>Tuberculin Skin Test: Two-step TB Testing is required. Testing must be within one year prior to UNE start date. The second TST must be placed 1-3 weeks after the first TST is planted. TB testing is repeated annually.</p> <p>(a) <input type="checkbox"/> History of childhood BCG vaccination (date: _____) (b) <input type="checkbox"/> Prior positive tuberculin skin test # mm induration: _____ (c) <input type="checkbox"/> History of latent TB Record antibiotic therapy, if taken: Start Date: _____ Date of Completion: _____ Date of chest X-ray (attach report): _____</p> <p style="text-align: center;">If you checked A, B, or C An Annual Tuberculosis Symptom Assessment is required This form is located on our website. http://www.une.edu/studentlife/shc</p>	<p>Two-Step Tuberculin Skin Test</p> <p>Step 1 Date Placed: _____ Date Read: _____ # mm induration: _____ <input type="checkbox"/> negative <input type="checkbox"/> consistent with latent TB</p> <p style="text-align: center;">Repeat 7 to 21 days after step 1</p> <p>Step 2 Date Placed: _____ Date Read: _____ # mm induration: _____ <input type="checkbox"/> negative <input type="checkbox"/> consistent with latent TB</p> <p style="background-color: yellow;">One tuberculin skin test is required annually thereafter.</p>
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Please mail or fax forms to Student Health Services at the appropriate campus	
11 Hills Beach Rd Biddeford, ME 04005 Tel: (207) 602-2358 Fax: (207) 602-5904	716 Stevens Ave. Portland, ME 04103 Tel: (207) 221-4242 Fax: (207) 523-1913

IMMUNIZATIONS DUE:

Spring Semester due: January 1st
Fall Semester due: July 1st
Winter Semester due: Oct 1st

Summer Semester due: April 1st
COM Semester due: June 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number