



Colleges of Health Professions

Immunization Form

University of New England and State of Maine Requirements

[Westbrook College of Health Professions](#)

[College of Dental Medicine](#)

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

COVID-19 Vaccine: Dates Administered: #1 _____ #2 _____
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, Quantitative: Result: Laboratory report **MUST** be attached.
*If titer proves **NEGATIVE** or **EQUIVOCAL**, a repeat of the Hepatitis B series of 3 vaccines is required.

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.

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.



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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.

(a) History of childhood BCG vaccination (date: _____)

(b) Prior positive tuberculin skin test
mm induration: _____

(c) History of latent TB

Record antibiotic therapy, if taken:

Start Date: _____

Date of Completion: _____

Date of chest X-ray (attach report): _____

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>

Two-Step Tuberculin Skin Test

Step 1

Date Placed: _____

Date Read: _____

mm induration: _____

negative consistent with latent TB

Repeat 7 to 21 days after step 1

Step 2

Date Placed: _____

Date Read: _____

mm induration: _____

negative consistent with latent TB

Upload completed form to our Patient Portal

<https://une.medicatconnect.com/>

or mail/fax forms to the Student Health Center 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

Summer Semester due: April 1st

Winter Semester due: Oct 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number