



College of Osteopathic Medicine

Immunization Form

University of New England and State of Maine Requirements

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

College of Osteopathic Medicine

Tdap Vaccine: Date Administered: _____

Meningococcal Vaccine: Date Administered: _____

Please provide documentation for polio series.

Hepatitis B Series: (Three shot series) **AND**

Hepatitis B Surface Antibody Titer, IgG, Quantitative

Dates Administered: #1 _____ #2 _____ #3 _____

Hepatitis B Antibody Titer, IgG, 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) **AND**

MMR Antibody Titer, IgG, Quantitative

Dates Administered: #1 _____ #2 _____

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) **AND**

Varicella Antibody Titer, IgG, Quantitative

Dates Administered: #1 _____ #2 _____

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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<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 upload required information to our patient portal:
<https://une.medicatconnect.com/>
 Or mail/fax to:
 University of New England
 Student Health Center
 11 Hills Beach Road
 Biddeford, Maine 04005
 Tel: (207) 602-2358 Fax: (207) 602-5904

REQUIREMENTS DUE
June 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number