

This is the immunization form for future residents, residing in NIC Housing.

North Idaho College Housing Resident Immunization Record

Please print legibly:

Name _____
Last Name First Name Middle Name Phone Number

Permanent Address _____
Street City State ZIP

Today's Date ____/____/____ Date of Birth ____/____/____ Student ID number _____

To be completed and signed by your health care provider or please attach official immunization record.

Required for Residence Hall Living:

A. M.M.R. (measles, mumps, rubella) * Two doses required

1. Dose 1 given at age 12-15 months or later.....#1 ____/____/____
M Y

2. Dose 2 given at 4-6 years or later, and at least one month after first dose.....#2 ____/____/____
M Y

B. HEPATITIS B * Three doses of vaccine or a positive Hepatitis surface antibody meets the requirement

1. Immunization

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M Y M Y M Y

2. Hepatitis B surface antibody (titer should only be drawn after vaccine series or exposure)

Date ____/____/____ Result: Reactive _____ Non-reactive _____
M Y

C. TDAP (tetanus, diphtheria, pertussis) * Required once after age 12

Date ____/____/____
M Y

Additional Recommended Vaccinations

D. Meningococcal *one dose – preferably at entry into college for freshman living in residence halls who wish to reduce their risk of meningococcal disease

Quadrivalent polysaccharide vaccine Date ____/____/____
M D Y

Health Care Provider Statement: "I have verified this patient's immunization record and/or given the needed vaccines."

Name _____ Signature _____

Address _____

Phone _____ Fax _____

Please return completed form and/or copy of immunization record, via email: pmczirr@nic.edu, or FAX to 208-769-7814 **ATTN: Paula Czirr, Manager of Residence Life**

To help protect personal health information, **NO HARD COPIES WILL BE ACCEPTED!**

