

VACCINE STATUS REPORT

Please review your vaccine records. In the table below, you have the option to indicate the number of doses you have documentation of receiving for each listed vaccine. You are not required to provide this information and you may update this form at any time. In the event of an outbreak, individuals who do not have the full number of recommended vaccines may be asked receive vaccines or take other precautionary steps.

Vaccine	Indicate the number of recommended doses received for each vaccine listed below:						
	3 or more doses	2 doses	1 dose	0 doses	Unknown	I have medical documentation of disease (chicken pox)	I prefer not to report
Varicella (Chicken Pox) Recommended: 2 doses of Varicella							
Measles, Mumps and Rubella (MMR) Recommended: 2 doses of MMR							
Meningitis (ACWY) 1 dose of Menactra, Menveo or MenQuadfi (Individuals with specific medical conditions may have received additional doses)							
Meningitis B 2 doses of Bexsero or Trumenba							
COVID-19 Primary Series 2 Pfizer or 2 Moderna or 2 Novavax or 1 Janssen/J&J			1 if J&J				
COVID-19 Booster 1 bivalent booster OR 1 Novavax booster if unable/unwilling to receive a mRNA booster							
The following asks about whether you have received a Tdap vaccine – this is a tetanus vaccine that includes pertussis (whooping cough)	I received a Tdap on or after age 10		I have not received a Tdap since age 10		Unknown if or when I receive a Tdap		I prefer not to report
Tdap							
The following asks whether you have received a tetanus vaccine within the past 10 years. The two most common type of tetanus vaccines are Tdap and Td.	I have received a tetanus vaccine within the past 10 years		I have not received a tetanus vaccine in the past 10 years		I don't know when I received my last tetanus vaccine		I prefer not to report
Tetanus (Tdap or Td)							

Student Signature _____ Date _____

Parent Signature (If Student Under 18 years of age) _____ Date _____