

Student Legal First Name: _____ Student Legal Last Name: _____ Student ID#: _____

Student Date of Birth: _____

For records originating outside of the U.S.: Required completion of this form by your healthcare provider

For records originating within the U.S.: Optional completion of this form by your healthcare provider **or** upload complete vaccination record signed by your healthcare provider (which must include the required (*) vaccines below).

Vaccine	Dose	Date Given (mm/dd/yyyy)
REQUIRED These requirements are in accordance with the Maine State Department of Health and Human Services and Maine State CDC required vaccinations for attendance to post-secondary schools in Maine.		
*Measles, Mumps, and Rubella (MMR, MMRV) *the first dose in this 2-dose series must have been given on or after the 1st birthday	#1	
	#2	
*Tetanus, Diphtheria, and Pertussis (Td, Tdap) *at least 1 dose given within the last 10 years	#1	
RECOMMENDED These vaccines are recommended for protection from vaccine-preventable diseases and outbreaks.		
Meningococcal Vaccine (MenACWY, MenB)	#1	
	#2	
Varicella (Varivax, MMRV)	#1	
	#2	
Covid-19 *enter the most recent vaccination date	#1	

BHS strongly recommends a booster dose of MMR, the meningococcal vaccine series, and an annual seasonal flu shot. All recommended vaccines are available on campus through Bates Health Services. Flu shots are available during an on-campus flu shot clinic in October.

Student's Signature: _____

Date Signed: _____

Parent / Guardian Signature: _____

Date Signed: _____