

EASTERN MAINE COMMUNITY COLLEGE - HEALTH HISTORY FORM

This form must be returned with the immunization records noted below by August 1 (January 1 for Spring starts). If you are accepted after the above dates, this form must be properly completed and submitted to the Dean of Enrollment Management Office (354 Hogan Road, Bangor, Maine 04401) before you can attend classes. **You may also fax this form to 207-974-4683.** If you have any questions regarding this form, please contact the Dean of Enrollment Management office at 207-974-4604.

TO BE COMPLETED BY THE STUDENT (PLEASE PRINT):

Name: _____ ID/SSN#: ____/____/____ Date of Birth: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone Number: _____ Begin Classes: _____ Fall, _____ Spring, _____
 Person to Contact in Case of Emergency: _____ Telephone: _____
 Program of Study: _____

Maine state law requires that all entering students furnish proof of immunization against measles, mumps, rubella, and diphtheria/tetanus. Students shall have a physician, nurse, or other health care provider complete and sign this section of the form. Students may present a copy of an immunization certificate in place of having a health care provider complete and sign this form. The certificate must contain the dates immunizations were given as well as the signature of the health care provider. **Students in Emergency Medical Services must have a health care provider in a doctor's office sign the form and initial each immunization.** Students born before January 1, 1957, are exempt from proof of measles, mumps and rubella.

MEASLES	#1 ____/____/____ #2 ____/____/____	MEASLES: Two doses of measles vaccine administered after student's first birthday. Any student who received measles vaccine before 1968 must have approved type or, if unable to identify strain, be re-immunized for entry to college. Screening test showing immunity is also acceptable. If screen test is submitted, test results must be included.
MUMPS	#1 ____/____/____ #2 ____/____/____	MUMPS: Two doses of mumps vaccine administered after first birthday. Screening test showing immunity is also acceptable. If screening test is submitted, test results must be included.
RUBELLA	#1 ____/____/____ #2 ____/____/____	GERMAN MEASLES: Two doses of Rubella vaccine administered after the student was one year of age and after January 1, 1969. Screening test showing immunity is also acceptable. If screening test is submitted, test results must be included.
DT, DTP, or Td	____/____/____	TETANUS/DIPHTHERIA: One dose of vaccine administered within the last ten years of enrollment and every ten years thereafter as long as the student attends college. A student with documented tetanus toxoid within the last five years will be exempted from the diphtheria requirement until five years from the date tetanus was given.
HEPATITIS B	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	HEPATITIS B: Series of three required for students enrolled in health programs If screening test is submitted, test results must be included.
VARICELLA TITER (OR TWO DOSES OF THE VACCINE)	____/____/____ Results: _____ #1 ____/____/____ #2 ____/____/____	VARICELLA TITER (Test for Chicken Pox): Required for students enrolled in health programs. Two doses of the varicella vaccine may be administered in place of the varicella titer. Titer test results must be included. If not immune, two doses of varicella vaccine are required. <u>Documented history of the disease is no longer acceptable.</u>
PURIFIED PROTEIN DERIVATIVE – 2-Step	Date (1) ____/____/____ Given(1) ____/____/____ Date (2) ____/____/____ Read(2) ____/____/____	PURIFIED PROTEIN DERIVATIVE: Required for students enrolled in health programs. Test must be done yearly. If test shows positive results, documentation of a chest x-ray within the last five years will be required. Results: ____ millimeters
MENINGOCOCCAL VACCINE – NOT REQUIRED	____/____/____	While Eastern Maine Community College does not require the meningococcal vaccine, it is recommended by the Center for Disease Control that individuals entering college for the first time be aware of the disease and the vaccines available. For additional information, visit http://www.mainepublichealth.gov .

Signature of Health Care Provider _____ Date _____

Signature of Student _____ Date _____

Print Name and Title of Health Care Provider _____ Date _____