



## Immunization record:

This requirement may be met in one of two ways:

1. Have your doctor or a medical provider complete this form and sign and date below.

**OR**

2. Obtain a copy of your **complete** immunization record from your medical provider's office, high school, college or health department and attach it to this form.

**Please read carefully as you may need a booster to meet requirements.**

### Required immunizations:

This information is **required** by Goshen College in compliance with the law set forth by the State of Indiana and Goshen College policy. If not completed, a restriction will be placed on the student's registration prior to second term until the form is completed and submitted. If applicable, please download a religious or medical exemption form from the Health and Wellness website and submit with your Confidential Health form.

Enter dates by Month / Day / Year

#### All students

1. **Measles-Mumps-Rubella (MMR):** (Two doses required after first birthday if born after 1956.)

#1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_

2. **Tetanus-Diphtheria-Pertussis Series (DPT, Td, DTap)** (Minimum of 3 doses):

#1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ #3 \_\_\_ / \_\_\_ / \_\_\_ #4 \_\_\_ / \_\_\_ / \_\_\_ #5 \_\_\_ / \_\_\_ / \_\_\_

**Booster within last 10 years - Tdap:** #1 \_\_\_ / \_\_\_ / \_\_\_

3. **Meningococcal Vaccine:** #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_

#### International students only - Tuberculosis Screening Required

Tuberculosis screening must be done in the United States upon arrival to campus. Further evaluation may be needed.

Date Administered: \_\_\_ / \_\_\_ / \_\_\_ Date read: \_\_\_ / \_\_\_ / \_\_\_ Reaction in Millimeters \_\_\_\_\_

### Highly recommended immunizations:

4. **Varicella (Chicken Pox):** History of disease? Date (year): \_\_\_\_\_

**OR** Vaccination dates: #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_

5. **Hepatitis A:** #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_

6. **Hepatitis B:** #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ #3 \_\_\_ / \_\_\_ / \_\_\_

7. **Gardasil (HPV)** (for females only ages 9-26): #1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ #3 \_\_\_ / \_\_\_ / \_\_\_

8. **Polio Series** (Minimum of 3 doses):

#1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ #3 \_\_\_ / \_\_\_ / \_\_\_ #4 \_\_\_ / \_\_\_ / \_\_\_ #5 \_\_\_ / \_\_\_ / \_\_\_

9. **COVID-19**

#1 \_\_\_ / \_\_\_ / \_\_\_ #2 \_\_\_ / \_\_\_ / \_\_\_ #3 \_\_\_ / \_\_\_ / \_\_\_

**(Not needed if providing complete immunization record)**

Medical Provider's Name (*print*): \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Insurance Information:

- **ATTACH a legible copy of the front & back of your current insurance card** (if covered on multiple plans, please indicate which insurance is PRIMARY and which is SECONDARY coverage).
- It is recommended for students to keep a copy of their insurance card with them at all times.
- Check with your insurance provider to see what kind of health care coverage you have while attending Goshen College (i.e., out of state, out of network, etc.).
- Provide updated information to Goshen College if you have insurance coverage changes while enrolled at Goshen College.

**PARENTS/GUARDIANS:** PLEASE NOTIFY YOUR HEALTH INSURANCE COMPANY that your son/daughter will be a full time student at Goshen College, Goshen, Indiana, BEFORE arriving on campus. This will confirm whether your son/daughter will be covered while at Goshen College.

Name of Health Insurance Company: \_\_\_\_\_

- I have Medicaid coverage. If yes,    IN Medicaid    Out-of-state Medicaid
- I do not have health insurance and recognize that I am financially responsible for all charges at the time of service for the medical care I receive from any medical provider.

### Acknowledgement and Confirmation Statement:

This information is collected for the purpose of meeting the requirements of Indiana State law and Goshen College policies.

- I acknowledge that I have read and understand the information provided.
- I hereby state that, to the best of my knowledge, my answers are complete and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(MUST be signed by parent if student is under 18)***