

## Student Immunization Form

All in-seat students are required to complete this form and attach their immunization records.

Student Information		
_____	_____	_____
Last Name	First Name	Student ID
_____	_____	_____
Starting Term	Date of Birth	On-Campus or Off-Campus

All Students
<u>Mumps, Measles, Rubella</u>
Dose #1 _____
Dose #2 _____

Residential Students
<u>Hepatitis B</u>
Dose #1 _____
Dose #2 _____
Dose #3 _____
<u>Meningococcal Meningitis (MCV4 / ACWY)</u>
Dose after Age 16 _____

International Students
TB Screen _____

Verification	
_____	_____
Student Signature	Date
_____	_____
Parent Signature (If a student is under the age of 18)	Date

Please return the completed form and attached records to:		
<p><b><u>Mail:</u></b> University of Charleston  Residence Life - Housing Applications 2300 MacCorkle Ave SE Charleston, WV 25304</p>	<p><b><u>Fax:</u></b>  304.357.4915</p>	<p><b><u>E-mail:</u></b>  reslife@ucwv.edu</p>

The full Immunization policy can be found online:  
<https://www.ucwv.edu/admissions/undergraduate/immunization-policy/>