

Manor College Required Immunizations for Students

Student Name: _____ Date of Birth: _____

1.	Tdap booster within last 10 years ** must have one documented	Mo. / day/ year		
<p>Measles/Mumps/Rubella: 2 doses of MMR at least 28 days apart after 12 months of age OR laboratory proof of immunity (blood titer) to measles/ mumps/rubella. If titers are negative or equivocal, administer MMR series with doses at least 28 days apart. No titer is required after series completion.</p>				
2.	MMR - 2 required on or after 1st birthday	(#1) Mo. / day/ year	(#2) Mo. / day/ year	
OR				
	MMR Titer *must attach laboratory results	Date of Titer	Result	
OR				
3.	<p>Varicella: 2 doses of Varicella at least 4 weeks apart or laboratory proof of immunity to varicella. If titer is negative or equivocal, administer Varicella series with doses at least 4 weeks apart. No titer is required after series.</p>			
OR				
	Varicella Titer *must attach laboratory results	Date of Titer	Result	
<p>Hepatitis: 3 doses of hepatitis B vaccines or a positive (> 10 mIU/mL) serological quantitative hepatitis B surface antibody titer (HBsAb) 1-2 months after the date of the last vaccine is considered proof of lifelong immunity .</p>				
4.	Hepatitis B Series 3 doses required	(#1) Mo. / day/ year	(#2) Mo. / day/ year	(#3) Mo. / day/ year
	MMR Titer *must attach laboratory results	Date of Titer	Result	
<p>Tuberculin Skin Test (TST): Required for all dental students, all other students must complete TB screen questionnaire on page 6 and TB test information and/or lab results when indicated.</p>				
5.	TST placed within the past 12 months	1st TST Place date	1st TST read date	Result
OR				
	IGRA TB Screening *must attach lab results* _____ T-Spot _____ Quantiferon Gold	Date of IGRA	Result	
6.	Meningococcal tetravalent (mcv4) 1 dose after 16th birthday	#1 mo/day/year	#2 mo/day/year	
7.	Meningococcal Group B (Bexsero or Trumenba)	#1 mo/day/year	#2 mo/day/year	

Health Care Provider's Signature: _____ Date: _____

Vaccine Exemption Request Form

All exemption requests must be accompanied by supporting documentation from a licensed medical professional or a member of your clergy/spiritual advisor

Full Name: _____ Date of Birth: _____ Manor ID: _____

I have been given a copy and have read, or have had explained to me, the Vaccine Information Statements (VIS) provided by the CDC. I understand the benefits and risks of the vaccine(s) required. (VIS can be found here:

<https://manor.edu/student-life/health-and-wellness/> and <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>)

Please indicate the vaccine(s) from which you are requesting an exemption:

COVID-19

Meningococcal Tetravalent*
(mcv4-series of 2)

Tetanus/Tdap/DTap

Hepatitis B
(Series of 3)

Meningococcal Group B*
(Series of 2)

Varicella
(Series of 2)

MMR Series

Rabies

Other: _____
(Additional vaccines may be required based on program or circumstance)

Medical Exemption:

Physician /Provider Instructions: By completing this form and provide supporting documentation, you certify that any applicable vaccines have been considered and that the following medical contraindication precludes any/all vaccinations of the exempted type. You also certify that you provide regular health care for the patient above, are not a relative or personal/family friend, and the contraindication is documented in their medical records.

In the Provider's supporting documentation, please include the medically indicated contraindication for which you are requesting an exemption for the vaccine. (E.G. severe allergic reaction, immediate allergic reaction or known allergy to a component of the vaccine, and/or other medication circumstances preventing vaccination with any available vaccine.) Additionally, if it is an allergy, please describe the response in detail.

Name of Provider: _____ Provider's Address: _____

Provider's License No.: _____ Signature of Provider: _____ Date: _____

Religious Exemption:

Religious Clergy/Spiritual Advisor Instructions: By completing this form and providing supporting documentation, you certify that the above named individual's religious beliefs prevent them from obtaining the selected vaccine. You also certify that you provide religious/spiritual services to the named individual above.

In your supporting documentation, please include the following information: State whether the religious belief prevents the named individual above from receiving a vaccination. If the religious belief prevents the named individual above from receiving only specific vaccines, please provide the reason why this is the case.

Name Clergy/Spiritual Advisor: _____ Phone Number: _____

Address of Clergy/Spiritual Advisor: _____

Signature of Clergy/Spiritual Advisor: _____ Date: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

* Per the College and University Student Vaccination Act (Senate Bill No. 955), students are allowed to request a philosophical exemption from the Meningococcal vaccine. Please submit a letter describing your philosophical exemption along with this form. v.11102021