



IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.

This form will be read by a computer.

Upload to medproctor.com

University: **Flagler College**

Green = Required

Student: _____

DOB: _____

Blue = Recommended

Black = Optional

MMR Measles, Mumps, Rubella Required

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

MENINGOCOCCAL Required

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

(Meningococcal can be waived)

MENINGOCOCCAL B Recommended

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

HEPATITIS B Required

(Hep B can be waived)

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

3rd

M	M	D	D	Y	Y
---	---	---	---	---	---

HPV - Human Papillomavirus Recommended

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

3rd

M	M	D	D	Y	Y
---	---	---	---	---	---

Tetanus - last 3 with booster Recommended

1st

M	M	D	D	Y	Y
---	---	---	---	---	---

2nd

M	M	D	D	Y	Y
---	---	---	---	---	---

Booster
Tdap
or TD

M	M	D	D	Y	Y
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REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE

PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME

SIGNATURE DATE

NON-PARENTAL

NPI NUMBER not required for U.S. service members or international students

NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL

OFFICE PHONE NUMBER

OFFICE STAMP

