



# IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.  
This form will be read by a computer.  
Upload to medproctor.com

University: **Defiance 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

**HEPATITIS B** **Required**

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
3rd	M	M	D	D	Y	Y

**VARICELLA** - Chicken Pox **Recommended**

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**INFLUENZA** **Recommended**

1st	M	M	D	D	Y	Y
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**MENINGOCOCCAL** **Required**

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**COVID - 19** **Recommended**

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**TDaP / TD- Booster** **Recommended**

Within 10 yrs. 

M	M	D	D	Y	Y
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**TDaP** ● **TD** ●

**MENINGOCOCCAL B** **Recommended**

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**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

