



STEP 1: Completed by student. Please print.

Student _____
Last name First name Date of birth

_____ *ID number Cell/home phone*

I hereby authorize, and give my consent to, the medical provider completing this form to release the information herein to Penn College College Health Services.

Student signature _____ Date / /
MM DD YYYY

Upload completed form and supporting documentation to the College Health Portal at pct.studenthealthportal.com (use Penn College network username and password).

You will receive Secure Messages through the College Health Portal. Look for the following:

P Secure Message From Penn College Health Services
 Penn College Health Portal <noreply@studenthealthportal.com>
To: Hello student,
 You have received a new Secure Message via the Penn College Health Portal. Please click here to retrieve your message.
Thank you,
 Penn College Health Services
 570-320-5234

STEP 2: You must attach immunization documentation/records that include your name and date of birth OR provide an office stamp/signature from your medical provider in the space provided

IMMUNIZATION DOCUMENTATION/RECORDS MAY BE OBTAINED FROM YOUR FAMILY DOCTOR, HIGH SCHOOL OR THE HEALTH DEPARTMENT ** If vaccine dates are not available, positive serological titers (blood work) may also be sent as proof of vaccination.

HEALTHCARE PROVIDER NOTE: If immunization records are not being attached, please complete the signature section and add the student's vaccine dates to the chart below

<p>_____ <i>Name (print)</i></p> <p>_____ <i>Medical provider signature</i></p> <p>_____ <i>Office phone number</i></p>	<p style="text-align: center;">Office Stamp or Address</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

Required vaccines for all students	1 st DOSE DATE	2 nd DOSE DATE	3 rd DOSE DATE	4 th DOSE DATE
Hepatitis B Minimum three (3) shot series is required				
Meningitis – Serogroup A,C,Y, W135 (Menactra, Menveo, Menomune) Must be at least one (1) dose given on or after age 16. (Students age 23 or older are exempt from this vaccine.) **Students age 22 or below MUST provide proof of this immunization before moving on campus**				
MMR OR MMRV – Two (2) doses given 28 days apart (Measles/Mumps/Rubella) OR (Measles/Mumps/Rubella/Varicella)				
TDAP OR Td Tetanus vaccine administered within the last 10 years				
Varicella (chicken pox) OR MMRV – Two (2) doses given 28 days apart (Varicella) OR (Measles/Mumps/Rubella/Varicella) OR history of disease			Year/Age had chicken pox:	
Recommended vaccines for students below age 23 (not required)	1 st DOSE DATE	2 nd DOSE DATE	3 rd DOSE DATE	4 th DOSE DATE
Meningococcal Serogroup B – Two (2) doses				

Please Note: Students may have additional or different clinical requirements upon acceptance into Nursing & Health Science (NHS) programs.