

Medical History Form

Instructions and information:

.1

CONFIDENTIAL

MEDICAL HISTORY

Required complete immunizations to submit:

- < Polio Series (x4)
- < Adult Tdap (not older than 10 years)
- < Meningitis Vaccine (up to age 26) – Meningococcal Quadrivalent (A, C, Y, W-135) and Serogroup B Meningococcal Vaccine
- < Mumps (MMR x 2 or documentation of disease)*
- < Varicella Vaccine **x 2** or History of Chickenpox*
- < Tuberculin Skin Test