

Immunization History Form

The Student Health Center at J. F. Oberlin University requires all newly enrolled students to provide documentation showing that their immunizations against Measles, Rubella, and Chickenpox are up-to-date. **This form must be completed by a physician** and be submitted to J. F. Oberlin University along with other application documents. **We require A-1 or A-2 x2doses and B x 2doses.**

樱美林大学保健卫生支援室要求所有新入学的留学生提供就近的麻疹、风疹和水痘等疫苗接种证明。**此表格必须由医疗服务人员填写**，并与其他留学申请材料一同提交到樱美林大学。**我们要求A-1或A-2和B均接种两次。**

Student name(Please Print) :

学生姓名:

Last:	First:	Middle:
Date of Birth:		Gender:

Required Immunizations for ALL students: Measles and Rubella Please choose A-1 or A-2

所有学生必须接受的疫苗接种: 麻疹和风疹。请选择A-1或A-2。

A - 1: MR(Measles & Rubella) x 2doses or MMR(Measles & Mumps & Rubella) x 2doses

Please write the date you received MR immunizations on the left OR the date you received an MMR immunizations on the right.

MR #1 / /	or	MMR #1 / /
MR #2 / /		MMR #2 / /

A - 2: Measles x 2doses & Rubella x 2doses or lab titer

Please write the date you received immunizations on the left OR the date you received an antibody test to confirm your immunity on the right.

Measles -2 doses or test date

Measles #1 / /
Measles #2 / /

or

Antibody Test Date / /
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Copy of lab report must be attached
必须附上接种报告的复印件

Rubella -2 doses or test date

Rubella #1 / /
Rubella #2 / /

or

Antibody Test Date / /
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Copy of lab report must be attached
必须附上接种报告的复印件

Required Immunizations for ALL students: Chickenpox

所有学生必须接受的疫苗接种: 水痘

B: Chickenpox x 2 doses / test date

Chickenpox #1 / /
Chickenpox #2 / /

or

Antibody Test Date / /
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Copy of lab report must be attached
必须附上接种报告的复印件

If you cannot receive immunizations , please state the reasons.

如果无法接受上述疫苗接种时, 请填写其理由。

Provider verification: To the best of my knowledge, the above information is accurate:

本人声明:据我所知, 上述信息均正确。

Physician's signature: _____ Date: _____

Name and address of clinic: _____