

IMMUNIZATION CERTIFICATE



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

University: **Concordia University Chicago**

Green = Required

Student: _____

DOB: _____

Blue = Recommended

Black = Optional

MENINGOCOCCAL ACWY Required

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

Tetanus - last 3 with booster Required

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
Booster TDaP or TD	M	M	D	D	Y	Y

COVID - 19 Recommended

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

Vaccine Manufacturer

TDaP - Booster Required

Within 10 yrs.	M	M	D	D	Y	Y
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MMR Measles, Mumps, Rubella Required

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 <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL
		OFFICE PHONE NUMBER

OFFICE STAMP

