Immunization Form for College Students

In accordance with the Rhode Island Department of Health Rules and Regulations Pertaining to Immunizations and Testing for Communicable Diseases for Students Entering Colleges or Universities (R23-1-IMM/COL), the following student populations must complete and return this form.

- All incoming, full-time students in any program of study, as well as any full- or part-time student entering CCRI on a student or other Visa, must complete section A and have section B completed and signed by a licensed healthcare provider. Students in a health care field of study should refer to immunization forms provided by their department.

**Part A: Personal and Student Information**

<table>
<thead>
<tr>
<th>Date:</th>
<th>CCRI ID*:</th>
</tr>
</thead>
</table>

Student's name: __________________________________________________________________________

Date of birth: ___________________________ MM/DD/YY

Last, First, MI

Phone number: ___________________________ E-mail address: ______________________________________

Program of study: ________________________ Part time □ Full time □ Campus: _______________________

* A Social Security number can also be used but a CCRI ID is preferred. Don’t know your CCRI ID number? You can find it printed on a bill or a class schedule, in your MyCCRI account or by contacting Enrollment Services.

**Part B: Immunization Information**

DO NOT OVERLOOK THE CHICKEN POX REQUIREMENT!

<table>
<thead>
<tr>
<th>Measles</th>
<th>First Dose Date: MM/DD/YY</th>
<th>Second Dose Date: MM/DD/YY</th>
</tr>
</thead>
</table>

Rubella

Date: MM/DD/YY

Mumps

Date: MM/DD/YY

Hepatitis B

1st Date: MM/DD/YY

2nd Date: MM/DD/YY

3rd Date: MM/DD/YY

Varicella (Chicken Pox)

1st Date: MM/DD/YY

2nd Date: MM/DD/YY

Or Hx Disease? (Circle one)

Td or Tdap Booster** Date: MM/DD/YY

**Within the last 10 years.

Health care provider signature ___________________________ Date __________________

Phone ___________________________

Please note that if you have graduated from a RI high school within the past 5 years you should be able to obtain a copy of your immunizations from that high school.

Please return all forms to:
CCRI Health Services, Room 1240
Angela Marshall, RN
400 East Ave.
Warwick, RI 02886
Fax: 401-825-1077

Revised: December 2010