

New England College Wellness Center
98 Bridge St
Henniker NH 03242
Phone: (603) 428-2253
Fax: (603) 428-2442

Immunization History Form
The following is REQUIRED for all students

Vaccine	Date 1: Month/Day/Yr	Date 2: Month/Day/Yr	Date 3:Month/Day/Yr.
TDAP	_____		
MMR	_____	_____	
Hepatitis B	_____	_____	_____
Varicella	_____	_____	Disease Date:_____
Meningoccal	_____	_____	

Other Immunizations
Not required for entry, recommended unless specified

Polio	_____	_____	_____	_____
PPD	_____	Negative() Positive () REQUIRED for students living in high risk area		
Hepatitis A	_____	_____		
Human Papilloma Virus	_____	_____	_____	_____
Pneumococcal	_____			
Typhoid	_____			
Yellow Fever	_____			

Provider's Signature _____ Date _____
Address _____
Telephone _____