

# Bowdoin College Health Services Immunization Requirements

You must be in compliance with the required immunizations, as outlined in the table below. Obtain an official copy of your Immunization Record from your health care provider, school or state registry.

**Records MUST be legible and in English. Records are due by June 20<sup>th</sup>.**

Please review these guidelines. Students who are submitting incomplete immunizations must submit a [Request for Provisional Admittance](#) at the same time.

In rare cases, you may not have a record of immunizations. You should try to obtain these records from previously attended schools or from your State Immunization Registry. Additionally, blood tests can be obtained to determine immunity.

Students who do not meet immunization requirements upon arrival will not receive access to a dorm room unless a *Request for Provisional Admittance* form has been submitted to Health Services.

<b>HEPATITIS B</b>	3 doses <ul style="list-style-type: none"> <li>Minimum 1 month between doses 1 and 2</li> <li>Minimum 2 months between doses 2 and 3</li> <li>Minimum 4 months between doses 1 and 3</li> </ul> <b>OR</b> Positive Titer
<b>MENINGITIS (ACWY or MPSV4)</b> <ul style="list-style-type: none"> <li>Meningitis B is optional</li> </ul>	One dose, <b>given after 16<sup>th</sup> birthday</b> <ul style="list-style-type: none"> <li>If first dose given before 16<sup>th</sup> birthday, must have 2<sup>nd</sup> dose</li> </ul>
<b>MMR</b>	2 doses: MMR, *MMRV or Individual Vaccines <ul style="list-style-type: none"> <li>First dose given <b>AFTER</b> first birthday</li> <li>At least 4 weeks between doses</li> </ul> <b>OR</b> Positive Titers *MMRV: Measles/Mumps/Rubella/Varicella
<b>TETANUS, DIPHTHERIA, PERTUSSIS</b>	1 dose: Tdap (Tetanus, Diphtheria, and Pertussis) <b>OR</b> Td within 10 years
<b>VARICELLA</b>	2 doses: Varicella or MMRV <ul style="list-style-type: none"> <li>First dose given <b>AFTER</b> first birthday</li> <li>At least 4 weeks between doses</li> </ul> <b>OR</b> Positive Titer <b>OR</b> History of disease (document on Varicella disease form)
<b>POLIO</b>	4 doses: Indicate OPV or IPV <ul style="list-style-type: none"> <li>First dose after 6 weeks of age</li> <li>One dose after 4 years of age</li> </ul>