

Name NGUYEN HOAI NAM

REQUIRED VACCINES

TETANUS AND MMR - REQUIRED

Diphtheria-Tetanus	Completed primary series - date (m/d/y) _____	Last dose (within past 10 years) (m/d/y) <u>May, 23rd, 2019</u> Specify - <input type="checkbox"/> Td or <input checked="" type="checkbox"/> TdaP
Measles, Mumps, Rubella	Must have received 2 vaccines or submit titers to all 3	#1 <u>May, 23rd</u> (m/d/y) #2 <u>Jun, 25th</u> (m/d/y) Or titers attached _____ <u>2019</u>

MENINGOCOCCAL VACCINATION - REQUIRED

Quadrivalent vaccine (A,C,Y,W-135)

Date of most recent vaccination - (m/d/y) (must be within 5 years of the first day of classes)

OR

Exemption to meningitis vaccination (check appropriate box)

- ☒ Student is 22 years of age or older
- ☐ Physician affidavit of harm/medical contraindication-attach form from a physician licensed in the US
- ☐ Exemption waiver filed with Texas State Dept of Health Services (attach)

RECOMMENDED VACCINES (not required)

Polio	Completed series - Yes or no	Date of most recent vaccine	
Meningitis B	Type _____	Dates _____	
Hepatitis B	#1 _____	#2 _____	#3 _____
Hepatitis A	#1 _____	#2 _____	
Varicella (Chicken Pox)	#1 _____	#2 _____	
HPV(type _____)	#1 _____	#2 _____	#3 _____

TRAVEL VACCINES (not required)

Yellow Fever	Date _____	
Typhoid	Oral or Injectable _____	Date _____

Signature of MEDICAL PROFESSIONAL

Printed name

ThS.BS. HÀ TUẤN KHÁNH

Date

May, 31st, 2019