



Mutual Friends Student Exchange, Inc
1745 Furnace Hill Road
Denver, PA 17517 USA
www.mfse.biz 717-431-8181

Immunization Record

STUDENT NAME:		BIRTH DATE:				
Vaccine:		Date each dose was given				
		1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DPT and/or DT)						
Polio (OPV or IVP)						
Hepatitis B						
Measles (vaccine/disease)	OR MMR				Date student had disease	
Mumps (vaccine/disease)					Date student had disease	
Rubella (vaccine/disease)					Date student had disease	
Varicella (Chicken Pox) (vaccine/disease)					Date student had disease	
Meningococcal (MVC)						

Vaccination Requirements

Diphtheria/Tetanus/Pertussis (DPT) Or Diphtheria/Tetanus (TD) only 7 years or older	At least 4 doses At least 3 doses	Additional doses required if the last dose was received before age 2 years
Polio	At least 3 doses	
Hepatitis B	At least 3 doses	
Measles/Mumps/Rubella (MMR)	MMR 2 doses after age 15 months	
Varicella	At least 1 dose	