Dear Applicant:

The Upward Bound Math and Science (UBMS) Southeastern Regional Institute Program at Morehouse College is a federally funded educational program which prepares high school students for college and careers in the fields of math and science. The UBMS Southeastern Regional Institute Program at Morehouse College serves students attending targeted schools in the following Southeastern states: GA, FL, NC, AL, and TN. Students must have completed the 8th grade at the time of admission into the program. If you are interested in participating in the Upward Bound Math & Science Southeastern Regional Institute Program, please follow the below instructions in order to complete the application process:

1. Complete the entire application packet by supplying all of the required information as outlined.
2. Signed statement indicating parent/guardian's income.
3. Submit a copy of student’s high school transcript or most recent report card and test scores.
4. Sign the Release Form so that your school’s guidance department will release your academic records to Upward Bound Math & Science Program.
5. Submit two (2) letters of recommendation: One (1) from an academic teacher and one (1) from your high school counselor or principal.
6. Return the completed application to regionalubms@morehouse.edu or
   ATTN: TRIO Upward Bound Math & Science Regional
   Morehouse College
   830 Westview Dr. S.W., Atlanta, GA 30314.

Your application cannot be processed without completing all of the requested information. Once your application has been received, you will be notified by mail of your application status. If you have any questions, please contact our office at (470) 639-0820. Thank you for your interest in our Upward Bound Math & Science Program.

Sincerely,

Ralph Coates
Ralph Coates, MPA
Assistant Director
Federal TRIO Programs

Jada Ratliff
Jada Ratliff, M.Ed
Program Coordinator
Upward Bound Math-Science
Southeastern Regional Institute

Revised 9/2021
Upward Bound Math & Science is a federally funded program designed to assist students who wish to continue their studies beyond the high school level with the exploration of college and career opportunities.

STUDENT INFORMATION

Name: ____________________ Social Security#: ____________________

First MI Last

Address: ____________________ City: ____________________ State: _____ Zip: ______

Home Phone #: ____________________ Student Cellular Phone #: ____________________

E-mail Address: ____________________ Student School ID#: ____________________

Date of Birth: _____/_____/______ Age: ______ Sex: M or F Current Grade Level: 8 9 10 11 12

Name of Middle/or High School: ____________________ T-Shirt size: S M L XL XXL

Expected High School Month and Graduation year: (MM/YY) /____

Citizenship: Are you a: ☐ US Citizen or ☐ Permanent Resident or ☐ Other

Ethnicity: Are you Hispanic/Latino? Yes _____ No _____

Race: Am. Ind. /Alaska Native _____ Asian _____ Black/African American _____

Native Hawaiian/Other Pacific Islander _____ White _____ Multiple Races _____ Other _____

Facebook: ____________________ Twitter: ____________________

NEEDS ASSESSMENT

1. I would like to attend college after graduating from high school. Yes No

2. I would like to participate in classes that will prepare me for the SAT and/or ACT. Yes No

3. I would like to attend college fairs to speak to various college representatives. Yes No

4. I would like to attend college visits in state and out of state. Yes No

5. I would like to develop stronger study skills/test taking skills. Yes No

6. I would like academic assistance in Math, Science, and English and/or Foreign Languages. Yes No

7. I would like assistance with preparing for the End of Course (EOC) exams. Yes No

8. I would like to explore careers in the STEM (Science, Technology, Engineering and Math) fields. Yes No

9. I would like to learn about a more rigorous course load that should be taken to prepare for college. Yes No

10. I would like to learn more about college admissions requirements and online college tools. Yes No

11. I would like to learn about college characteristics regarding college selection. Yes No

12. I would like to learn more about financial economic literacy, financial aid and scholarships. Yes No

13. I have an interest in pursuing a career in the STEM (Science, Technology, Engineering and Math) field. Yes No

14. McKinney Vento Act: I am currently sharing housing due to economic hardships or loss of housing, awaiting foster care placement, living in a foster home, residing in a group home or an emergency/transitional shelter. Yes No

15. I am a military dependent. Yes No

16. I am currently enrolled in the Educational Talent Search Program, Upward Bound Classic, or another TRIO Program. Yes No

________________________ ______________________
Student’s Signature Date

For Office use only

Taxable Income $__________ Household Size ______

Eligibility Codes:
☐ LI/FG ☐ FG ☐ Military
☐ LI ☐ Disabled ☐ Foster/Homeless

Coordinator’s Signature __________________________

First Service Date: _____/_____/_____ Initials: ________

Revised 9/2021
FAMILY INFORMATION FORM

This information is needed to certify eligibility for the Program.
ALL INFORMATION ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.

Mother (please circle one: Parent/Guardian):
Address: __________________ City: __________ State: ______ Zip: ______
Home Phone: ______________ Work Phone: ______________ Cell Phone: ______________
Email Address: ______________ Facebook: ______ Twitter: ______
Highest Grade Completed: High School _____ Some College: 1 2 3 4 Bachelor’s Degree ______

Father (please circle one: Parent/Guardian):
Address: __________________ City: __________ State: ______ Zip: ______
Home Phone: ______________ Work Phone: ______________ Cell Phone: ______________
Email Address: ______________ Facebook: ______ Twitter: ______
Highest Grade Completed: High School _____ Some College: 1 2 3 4 Bachelor’s Degree ______

Medical History
Does your child have a physical impairment, medical condition, emotional or psychological problems, or disability?
Yes   No
If yes, please list: ____________________________________

Does your child take any type of medication?
Yes   No
If yes, please list: ____________________________________

Does your child have any allergies?
Yes   No
If yes, please list: ____________________________________

Income Verification
Did you file income taxes this year?  □ Yes   □ No
If yes, please submit a signed copy of your completed income tax form (1040, 1040A, 1040EZ).

Family Income
What is your family’s **Taxable Income** for last year? $________

**PLEASE DO NOT USE YOUR ANNUAL SALARY.**

**Taxable Income:** This information is located on your competed tax forms (1040-line 43; 1040A-line 27; 1040EZ-Line 6)

Please circle all that apply
Do you receive Public Assistance (TANF, SNAP, Social Security, or Disability)?   Yes____ No _____

How many people reside in your household? ______

My signature certifies that the above information is correct to the best of my knowledge. I understand that this information is confidential and will only be used for income verification for the program at Morehouse College.

_________________________________________ Date

Signature of Parent/Guardian

Revised 9/2021
Morehouse College
Upward Bound Math Science
Southeastern Regional Institute

Student's Personal Statement & Essay

Student Name: ________________________________

1. Please write an essay as to why you should be selected for the Upward Bound Math & Science Programs at Morehouse College. In this essay include what the Upward Bound program can do for you, and what contributions you can make to this program.

_____________________________________________________________________________________________________________________

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2. Please provide a short description of yourself including your academic interests and your educational and career goals.

_____________________________________________________________________________________________________________________

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Revised 9/2021
MOREHOUSE COLLEGE
UPWARD BOUND MATH & SCIENCE SOUTHEASTERN REGIONAL INSTITUTE
RELEASE FORM

Student’s Name: _______________________________ School: _______________________________

Student ID # at School: _______________________________

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources such as your child’s school of enrollment, testing agencies, counselors, social workers, etc. ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.

SCHOOL RECORDS
As the parent and/or guardian of ___________________________, I grant Upward Bound Math & Science permission to obtain school records, and test results from the secondary school my child is attending. I will also permit Upward Bound Math & Science staff to speak with teachers, counselors, and other school administrators at my child’s school in order to obtain and exchange information as part of the services my child will receive from the Upward Bound Math & Science Program. I authorize the Upward Bound Math & Science Program to access or release copies of my child’s progress reports and/or test scores that are necessary to assist my son/daughter in achieving his/her educational goals.

___________________________________________   ______________________________________

MEDIA RELEASE

Periodically, students participating in Upward Bound Math & Science Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of ___________________________, I grant permission for my child to participate in photographs, films, social media or interviews as they pertain to the Upward Bound Math & Science Program and I understand that such pictures, films, social media, or interviews may be used to promote or publicize the Upward Bound Math & Science events or demonstrate how federal funds are being used to assist students.

__________________________________________  ______________________________________

Parent/Guardian Signature                  Student Signature

Revised 9/2021
MOREHOUSE COLLEGE
UPWARD BOUND MATH & SCIENCE SOUTHEASTERN REGIONAL INSTITUTE
Waiver of Liability

Student’s Name: _______________________________________

We the undersigned request that student’s whose name is listed above be granted permission to participate in Morehouse College Federal TRIO Programs Activities, to be held at Morehouse College.

In consideration of the Participant’s being permitted to participate in the Activity, we do release, waive, forever discharge and covenant not to sue Morehouse College, it’s governing board, officers, agents, employees and any students acting as employees (“Releases”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which Participant or his or her Parent or Guardian, arising out of or related to any loss, damage or injury, that may be sustained by Participant or by any property belonging to Participant or his or her Parent or Guardian, whether caused by the negligence or carelessness of the Releases, or otherwise while Participant is in, on, upon or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We further state that there are no health-related reasons or problems which precludes or restrict Participant’s participation in this Activity, and that Participant has or will have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury to the Participant.

It is our express intent that this Waiver, Release and Indemnification Agreement shall bind the members of Participant’s family and spouse if married. Participant and/or Participant’s parent/guardian further agree to save and hold harmless, indemnify and defend the Releases from any claim by Participant’s family arising out of Participant’s participation in this Activity. Participant further agrees to abide by the rules and regulations of the College while participating in this Activity and acknowledges and recognizes the right of Morehouse College, through its employees or agent, to terminate his or her participation in this Activity should (s)he not abide by the stated regulations.

Participant agrees to supply a signed copy of this document to his or her parent or guardian. We further agree that this release shall be held illegal, unenforceable or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected. I, Participant’s Parent/Guardian further state that I am the Participant’s Parent/Guardian, and am fully competent to sign this Agreement, and that I execute this release for full, adequate and complete consideration of my own free act and deed, fully intending for myself, for the Participant and for the Participant’s family, estate, heirs, personal representative or assigns to be bound by the same. No oral representation, statements, or inducements, apart from the foregoing have been made.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING

___________________________________________  _______________________________________
Parent/Guardian Name  Student’s Name

___________________________________________  _______________________________________
Parent/Guardian Signature  Student’s Signature

___________________________________________  _______________________________________
Date  Date

Revised 9/2021
## Counselor/Principal Recommendation Form

**Student:** __________________________

**Counselor:** __________________________

Current GPA: ___________ GPA Scale: ___________

PSAT: Verbal ___________ Written ___________ Math ___________

SAT: ___________ ACT ___________

*STUDENT GRADE REPORT/TRANSCRIPT MUST BE ATTACHED*

The U.S. Department of Education requires us to include the following information for each student in our Annual Performance Report.

1. Did this student meet the 10th-12th grade State Academic Achievement Standard in Reading/language arts?
   - [ ] Yes, student met standard. The grade level the student was most recently assessed was: ___________
   - [ ] No, student did not meet standard
   - [ ] Not applicable, student did not take the assessment test

2. Did this student meet the 10th-12th grade State Academic Achievement Standard in Math?
   - [ ] Yes, student met standard. The grade level the student was most recently assessed was: ___________
   - [ ] No, student did not meet standard
   - [ ] Not applicable, student did not take the assessment test

<table>
<thead>
<tr>
<th>POOR</th>
<th>circle one</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall academic potential:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Motivation:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Self-discipline:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Self-reliance:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Perseverance:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Cooperativeness:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ability to get along with others:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Regard for rules/regulations:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Math/science ability:</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Your overall assessment of this student:**

- [ ] Highly recommend
- [ ] Recommend with reservation
- [ ] Do not recommend

Please provide additional comments, as appropriate. We would appreciate comments concerning the student’s potential for college-level work and a career in mathematics or science.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Counselor’s Signature: __________________________  Date: _____ / _____ / _____

Please return recommendation to: TRIO Upward Bound Math & Science Regional 830 Westview Dr.
S.W., Atlanta, Georgia, 30314 or regionalubms@morehouse.edu. If you have any questions, please call us at (470) 639-0820. Thank you for your help!

Revised 9/2021
Dear Teacher/Community Agency:

This student is applying for admission into Upward Bound Math & Science Program at Morehouse College. Your assessment of this student is an integral element in the selection process. Please fax the completed Recommendation Form to (404) 588-2215. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact us at (470) 639-0820.

Student’s Name ___________________________ Grade Level _________ School ____________________________

Class/Course Subject name: ___________________________ Current Class/Course Grade _________

Please place an "x" in the appropriate column for each characteristic listed below:

<table>
<thead>
<tr>
<th>STUDENT CHARACTERISTICS</th>
<th>No 1</th>
<th>Low 2</th>
<th>Neutral 3</th>
<th>High 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to obtain and/or maintain a B in your class or better</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Has shown interest in Math, Science or Engineering related fields</td>
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<tr>
<td>Has shown or expressed commitment toward completing a college preparatory curriculum</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Has shown interest in post-secondary education</td>
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<tr>
<td>Capable of completing college level work</td>
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<tr>
<td>Completes all or most of assignments</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Potential to perform well in math and/or science, but need academic support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works up to academic potential in your class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is cooperative in academic/social settings</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Does this applicant have any of the academic needs below? (Check all that apply.)

☐ Low GPA and/or science
☐ Low achievement test scores
☐ Rural isolation
☐ Lack of support to take challenging college prep courses
☐ Limited English proficiency
☐ Resides in predominantly low-income community
☐ Lack of confidence, self-esteem and/or social skills
☐ Other __________________
☐ Interest in careers in math
☐ Lack strong writing/study skills
☐ Lack of career goals
☐ Other __________________

Please comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student’s participation in the Upward Bound Math Science Program.

____________________________________________________________________________________
____________________________________________________________________________________

Print Name & Title____________________________________ Telephone:__________________________
Signature_________________________________________________ Date__________________________

Please return recommendation to: Morehouse College, Upward Bound Math & Science Regional, 830 Westview Dr. S.W., Atlanta, Georgia, 30314 or regionalubms@morehouse.edu. If you have any questions, please call us at (470) 639-0820. Thank you for your help!

Revised 9/2021
Morehouse College: Grades 6-12 Program Participation Health Record

PART I
To be completed by the student and parent for authorization to treat.
Please upload your completed health forms to the Student Portal via the Medicat icon.

NAME ___________________________________________ Last   First   MI

PERMANENT HOMEADDRESS ____________________________________________________________

City ___________________ State ___________ Zip ___________ Country ___________________

SSN # ____________________ HOME PHONE ____________________ CELL PHONE __________________

EMAIL ADDRESS _________________________________________________________________

DATE OF BIRTH ____________________ AGE ________ MOREHOUSE ID# ___________________

ENROLLMENT DATE (Semester/Year) FALL/_________ Spring/_____________

ENROLLMENT CLASSIFICATION:  □ Regular F/T  □ Regular P/T  □ International  □ Transfer  □ Guest
□ Exchange/International  □ Exchange-Domestic

AUTHORIZATIONS: (Parent or legal guardian MUST sign if under 18 years of age) I hereby accept financial responsibility for the expense of health care services and I authorize the medical providers of Morehouse College Student Health Services and their agents or consultants, including emergency medical technicians, area hospitals or other treatment facilities, to perform diagnostic and treatment procedures, on the above named student. I have no expectation for Morehouse College to pay medical expenses for the student should he need treatment. I agree to absolve and hold harmless Morehouse College in making medical decisions for the student. I understand that every effort will be made to notify the parent or legal guardian of a major illness or injury immediately.

Student Signature ___________________________ Date ________________________________

Parent/Guardian Signature ___________________________ Date __________________________

EMERGENCY CONTACT PERSON:

NAME ___________________________________________ RELATIONSHIP ___________________

ADDRESS ________________________________________________

DAY TIME PHONE NUMBER ( ) ________________________ NIGHT TIME PHONE NUMBER ( ) ________________

Secondary Emergency Contact

NAME __________________________________ RELATIONSHIP ___________________

ADDRESS ________________________________________________

DAY TIME PHONE NUMBER ( ) ________________________ NIGHT TIME PHONE NUMBER ( ) ________________

______________________________

[TO BE COMPLETED BY STUDENT HEALTH SERVICES PERSONNEL]

Status: Complete □Reviewed By: ___________________________ Date _______________________
Incomplete □Checklist Indicating Missing Information Sent 1st Date Returned ________________ 2nd Date returned ________________
Name of Student: ________________________________

This form must be completed and signed by your health care provider based on an examination. **ALL ITEMS ARE REQUIRED!!**

**DRUG ALLERGIES:** □ Yes □ No  If yes, to what? □ PCN □ Sulf □ Erythromycin □ other________________________

If yes, what is the nature of the reaction? ____________________________________________________________

**FOOD ALLERGIES:** □ Yes □ No  If yes, to what? ___________________________________________________

If yes, what is the nature of the reaction? ____________________________________________________________

Blood Pressure_________ Pulse_________ Height_________ Weight_________ BMI__________________________

Is this student receiving treatment or care for any acute or chronic medical condition? □ Yes □ No  If yes, please explain ________________________________________________________________

Does this student require special accommodations because of any chronic medical condition? □ Yes □ No  If yes, what is the medical condition and the special accommodations required ________________________________________________________________

Is this student receiving therapy for any emotional or psychiatric condition? □ Yes □ No  If yes, please explain ________________________________________________________________

Does this individual require special accommodations because of the emotional or psychiatric condition? □ Yes □ No  If yes, what accommodations are required? ________________________________________________________________

Has this individual had any surgical procedures? □ Yes □ No  If yes, please explain ________________________________________________________________

Are there any learning disabilities or learning challenges that require medication for management? □ Yes □ No  If yes, please explain indicating medication, dosage and frequency. ________________________________________________________________

Does the student have food issues requiring special diet? □ Yes □ No  If no, please explain the nature of the food issue and specific diet required ________________________________________________________________

May the student participate in an athletic, sports or college wellness program? □ Yes □ No  If no, please explain ________________________________________________________________

**Physician Signature and Official office stamp required – May not be signed by a family member**

M.D./D.O./N.P./P.A.’s Name (please print) ________________________________

Signature______________________________

Address______________________________

Date of Exam______________________________ Telephone number (_______)__________________________
Morehouse College: Grades 6-12 Program Participation Health Record

Name of Student: __________________________

MEDICAL HISTORY AND DOCUMENTATION OF NEED FOR SPECIAL ACCOMMODATION

Specific requests for accommodations must be initiated by completing the Counseling & Disability Services Verification and Request for Accommodation form. Please list all medications and nonprescription medications this student currently takes, as well as the dosage.

REQUIRED SCREENING FOR TUBERCULOSIS (Within the past 12 months)

The PPD skin test must be placed and read before the student will be allowed to move into campus housing. Quantiferon Gold blood test also accepted with lab documentation. NOTE: If PPD is greater than 10mm induration, a chest x-ray must be obtained. If the chest x-ray is abnormal, INH treatment or other TB prophylaxis treatment should be initiated. *NOTE: PPD test should be mantoux within the past year (tine or momovac not acceptable).

<table>
<thead>
<tr>
<th>Date Placed</th>
<th>Date Read</th>
<th>Results</th>
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<tbody>
<tr>
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</table>

PPD* mm induration (horizontal diameter) Note: If greater than 10mm induration, chest X-ray required

If positive, provide with documentation. X-ray results: □ Normal □ Abnormal.

If chest x-ray is abnormal, has patient begun INH treatment or other TB prophylaxis treatment? □ Yes □ No

If no, please explain _____________________________________________________________

Received BCG: □ Yes □ No If yes, chest X-Ray required with documentation. X-Ray results: □ Normal □ Abnormal

PCR Date: ___________ (Must be 3-5 days prior to arrival to program to participate face-to-face)

REQUIRED SCREENING FOR SICKLE CELL (ATHLETES ONLY)

Sickle Cell Results: □ Normal □ Trait □ Disease

Sickle Cell date of test: ________________

Physician Signature and Official stamp Required – May not be signed by a family member

M.D./D.O./N.P./P.A.’s Name (please print)__________________________

Signature ____________________________

Address ______________________________

Date of Exam __________________________ Telephone number (______)___________________
CERTIFICATE OF IMMUNIZATION

Student ID: ___________________________________________ - - - - - - - - - - -

Name: (Last)________________________________________(First)________________(Middle)________________

Address:_______________________________________________________________________________

City:________________________________________State:________________Country:________________Zip Code:________________

Term/Year of Application:__________________________Age at time of application:________Date of Birth (mm/dd/yyyy):____/____/____

REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE MM/DD/YYYY</th>
<th>DATE MM/DD/YYYY</th>
<th>DATE MM/DD/YYYY</th>
<th>HISTORY</th>
<th>DATE OF POSITIVE LAB/SEEROLOGIC EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR1</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
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</tr>
<tr>
<td>Hepatitis A</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
<td>Type Series:</td>
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<tr>
<td></td>
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<td></td>
<td>□ 2 Dose Series</td>
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<td></td>
<td>□ 3 Dose Series</td>
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<tr>
<td>Meningococcal ACWY4,5 (MCV4)</td>
<td>/ /</td>
<td>/ /</td>
<td>MCV4 Booster6</td>
<td></td>
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</tr>
<tr>
<td>Meningococcal B</td>
<td>/ /</td>
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<td>Type Series:</td>
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<td>□ 3 Dose Series</td>
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<tr>
<td>Varicella</td>
<td>/ /</td>
<td>/ /</td>
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<td></td>
<td>(or history of Varicella)</td>
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<tr>
<td>Tetanus-Diphtheria Pertussis (Whooping Cough)3</td>
<td>/ /</td>
<td>Tdap</td>
<td>Td Booster3</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis B2</td>
<td>/ /</td>
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<td></td>
<td>Type Series:</td>
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<td>□ Moderna</td>
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<td>□ Johnson</td>
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</table>

1—Not required if born before 1957. 2—Required for all US born students born in 1980 or later; all foreign born students regardless of year born. 3—Td booster only necessary if > 10 years since Tdap dose. 4—Required if residing in campus housing, sorority housing, or fraternity housing. 5—MCV4 Booster necessary if initial MCV4 dose was received more than 5 years to admittance. 6—Consider if younger than 23 years of age.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

□ This student is exempt from the above immunizations on the ground of permanent medical contraindication.

□ This student is temporarily exempt from the above immunization until ______/______/______(mm/dd/yyyy)

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name:________________________________________Signature:____________________________________

Address:_______________________________________________________________________________

Date of Issue:______/______/______Telephone:______________________________________________