Dartmouth College Health Service

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Name:	
Class:	
DOB:	

Statement on Polio Primary Series Requirement

Dartmouth College requires incoming students to demonstrate immunization for Polio by having a OPV or IPV primary series. This requirement is consistent with New Hampshire state law and the recommendations of health organizations such as the American College Health Association and the Advisory Committee on Immunization Practices. Students who attended school grades K to 12 in the U.S. are likely to have received the primary series because of school entry immunization requirements in the 50 U.S. States.

Please review the Fact Information Sheet from the Center for Disease Control at http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-IPV.pdf for more information on the polio vaccine and who should be vaccinated.

Incoming students who are certain they have received the primary series but are unable to document this from a medical source may select from the following list of options:

Please initial <u>ONE</u> of the options and sign bo	elow:
Request to waive Polio primary serie family history or another reliable source that I childhood.	s requirement because I am certain from have received the primary series in early
Request to be immunized with the Po	olio primary series for adults.
Request additional time to clarify im series. (Please state the date you expect to hav	munization history for the Polio primary e this completed:/)
Student's Signature:	Date:/