

**REEDLEY COLLEGE RESIDENCE HALL
IMMUNIZATION CLEARANCE FORM**

Name: _____ Stu ID#: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

(Street) (City and State)

Semester and Year: _____

IMMUNIZATIONS REQUIRED TO RESIDE IN THE REEDLEY COLLEGE RESIDENCE HALL

TO BE COMPLETED BY MEDICAL PROVIDER, NURSE, OR MEDICAL OFFICE

VACCINE	DATE GIVEN			VACCINE DATE GIVEN	
Hepatitis B (3 doses required)				Tdap (within last 10 yrs.)	
Varicella (2 doses required)				**TB Clearance and Seasonal Influenza Vaccine are FREE in the Reedley College Health Office. Students may defer on these and request them on site.	
Meningococcal (Serogroups A,C,Y, W-135) (1 dose over 16 yrs. old)				**TB Risk Assessment or TB Test (within 1 yr.)	
Measles, Mumps, and Rubella (2 doses required)				**Influenza Vaccine (Recommended yearly during flu season, Oct-Mar.)	

Steps to the Health Portal to submit Immunization records:

1. Log onto the Student Health Portal: <https://sccc.studenthealthportal.com>
2. Click Document Upload (on the top)
3. Select Document type → Reedley College
4. Click Browse and upload documents.

Signature: _____
(Health Provider)

Date: _____

Clinic address: _____
(or Stamp)