

**REEDLEY COLLEGE RESIDENCE HALL
IMMUNIZATION CLEARANCE FORM**

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

Home Address: _____ Phone #: _____
 (Street) (City and State)

IMMUNIZATION ARE REQUIRED TO RESIDE IN THE REEDLEY COLLEGE RESIDENCE HALL

TO BE COMPLETED BY MEDICAL PROVIDER OR MEDICAL OFFICE

VACCINE	DATE GIVEN		VACCINE	DATE GIVEN	
Hepatitis B (3 doses required)			Tdap (within last 10 yrs)		
Varicella (2 doses required)			TB Risk Assessment or TB Test (within 1 yr)		
Meningococcal (Serogroups A,C,Y, W-135) (1 dose over 16 yrs. old)			COVID-19 (1st, 2nd, booster) Vaccine Type: _____ (Highly recommended but not required)		
MMR-Measles, Mumps, and Rubella (2 doses required)			Influenza Vaccine (within 1 yr; Highly recommended but not required)		

Steps to the Health Portal to submit Immunization records:

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

Signature: _____ Date: _____ Clinic address: _____
 (Licensed Medical Provider) (or Stamp)