



# INSTRUCTIONS



University: **Collin College**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

## ✓ HOW TO COMPLETE THESE FORM(S):

- A licensed healthcare professional **MUST** complete and sign **THESE** forms. **ALL green sections are required.**
- PRINT CLEARLY WITH DARK BLACK INK.** A computer will be reading your forms. Fill in circles completely.
- NO** other forms of documentation will be accepted. (Blue Cards, Yellow Cards, State Immunization Records, etc. are NOT accepted)
- Do not fold, cut, or mark on the border lines of these forms.
- Include the Border Lines in your scanned images.
- Review your forms for completeness and accuracy. Double check **ALL** signatures. **MM/DD/YY date formats.**
- Consult your Healthcare Professional before receiving any of the following immunizations.

**Your records are due by: First day of class**

REQUIRED	RECOMMENDED	OPTIONAL
Required by regulation and /or policy to attend this university.	Recommended for your general well being but NOT required.	Optional information
<b>Documents:</b> Immunization Certificate <b>Immunization Dates:</b> Men A/C/W/Y (1 dose within 5 yrs)	<b>Immunization Dates:</b> Varicella Polio Hepatitis A Hepatitis B HPV MMR Meningococcal B	<b>Immunization Dates:</b> JE - Japanese Encephalitis Typhoid Yellow Fever Rabies

## ✓ UPLOADING YOUR FORMS:

- Review your forms for completeness and accuracy. **Double check ALL signatures.**
- Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
- Upload your completed forms to your account at medproctor.com.
- You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
- Check your University Email account regularly for messages from MedProctor regarding incomplete information.

You will be notified via email once your information is successfully verified.

### BE AWARE:

- \* Incomplete/Illegible writing and poor images will be rejected.
- \* Completion of these forms by your due date will help expedite your registration process.

## Do not upload this page.



# IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.  
This form will be read by a computer.  
Upload to medproctor.com

University: **Collin College**

Green = Required

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

Blue = Recommended

Black = Optional

**MMR** Measles, Mumps, Rubella Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**HEPATITIS B** Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
3rd	M	M	D	D	Y	Y

**VARICELLA** - Chicken Pox Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**MENINGOCOCCAL** Required

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**HPV** - Human Papillomavirus Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
3rd	M	M	D	D	Y	Y

**HEPATITIS A** Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**MENINGOCOCCAL B** Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y

**POLIO** - Inactivated Recommended

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
3rd	M	M	D	D	Y	Y
4th	M	M	D	D	Y	Y

**Typhoid** - Inactivated Optional

One	M	M	D	D	Y	Y
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**Yellow Fever** Optional

One	M	M	D	D	Y	Y
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**RABIES** - Pre-Exposure Optional

1st	M	M	D	D	Y	Y
2nd	M	M	D	D	Y	Y
3rd	M	M	D	D	Y	Y

**REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)**

LICENSED CARE PROFESSIONAL SIGNATURE	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME	SIGNATURE DATE
NON-PARENTAL		
NPI NUMBER <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER

OFFICE STAMP

