

**International Students
 Hope College
 141 E. 12th Street
 P.O. Box 9000
 Holland, MI 49422-9000
 Fax: 616-395-7937**

**Research
 Health History Form**

Last Name (Printed), First Name, Middle		Country arriving from	
Permanent Address (Home), Street, City, State, Country	Age	Birthdate (month, day, year)	Female Male
	Home Telephone with country or area codes		

Required Immunization Series		Print dates each dose was provided in boxes below				
Diphtheria	<i>Combination Vaccine accepted.</i>					
Pertussis						
Tetanus						
Polio	<i>Minimum of 4 doses required, last dose after 4 years of age.</i>					
Hepatitis B	<i>Minimum of 3 doses required.</i>					
Measles (rubeola)	<i>Combination Vaccine accepted.</i>					
Mumps						
Rubella						
Chickenpox (Varicella)	<i>Did you have this disease already?</i> Yes No <i>If no... 2 doses of Varicella vaccine required.</i>	Varicella Dose #1 (record below)	Vaicella Dose #2 (record below)			

Recommended Immunizations (Available at Hope College Health Center)	
Meningococcal (A,C,Y,W-135)	Date provided:
Influenza	<i>Provided at Hope College (Date/Type)</i>
	#1 _____
	#2 _____
	#3 _____
#4 _____	
Tetanus booster	Date/Type:

<u>Required Health Care Professional's Signature</u>	
Print Name: _____	Title: _____
Signature: _____	Date: _____