



MID-AMERICA REFORMED SEMINARY

229 Seminary Drive
Dyer, IN 46311
p. 219.864.2400
f. 219.864.2410

Immunization Certificate

Applicant Information

Name: _____

Address: _____
Number, Street, and Apt # City State/Province Zip/Postal Code Country

Degree being pursued: ☐ Master of Divinity ☐ Master of Theological Studies

For the protection of everyone in the Mid-America community, current physician documented immunization status is strongly recommended.

Immunizations

Infant Series DPT (diphtheria, pertussis, tetanus)

Tetanus (must be in the last 10 years)

Polio

MMR (measles, mumps, and rubella)

Hepatitis B (series of 3 shots)

Chicken Pox (varicella)

Physician's Initials

Date of Immunization

Also recommended:

Meningitis Vaccine

Flu Shot

Physician's Initials

Date of Test

Tuberculosis (PPD)

Results of PPD test:

_____ mm

Testing

Physician Information *(to be filled out by the physician)*

Physician's Name: _____

Office Address: _____
Street Address City State/Province Zip/Postal Code

Physician's Signature

Date