

UNIVERSITY OF THE DISTRICT OF COLUMBIA

IMMUNIZATION FORM

Last Name :	First Name :	Initial :
UDC ID Number :	Date of Birth (MM/DD/YYYY) :	

<p>Hepatitis B #1 ____/____/____ Hepatitis B #2 ____/____/____ (Given at least 4 Weeks after Dose 1)</p> <p>Hepatitis B #3 ____/____/____ (Given at least 16 weeks after dose 1 and 8 weeks after Dose 2)</p> <p>Immunizations that do not follow the above schedule must be accompanied by a blood titer result showing positive immunity.</p> <p>For a student living on campus, in university sponsored housing or a student athlete, a meningitis vaccine must be administered within the last 5 years:</p> <p>Meningococcal ____/____/____</p>
<p>MMR #1 ____/____/____ (Given after 1 year of age) MMR #2 ____/____/____ (Given 30 days after Dose 1)</p> <p>-or-</p> <p>Measles #1 ____/____/____ Measles #2 ____/____/____</p> <p>Mumps #1 ____/____/____ Mumps #2 ____/____/____</p> <p>Rubella #1 ____/____/____ Rubella #2 ____/____/____</p> <p>-or-</p> <p>Immunizations that do not follow the above schedule or undocumented administration of MMR vaccines must be accompanied by a blood titer result showing positive immunity.</p> <p>Tetanus /Diphtheria ____/____/____ or Tetanus/Diphtheria/Pertussis ____/____/____</p> <p>(Given in the last 10 years and it must stay current while the student is enrolled at the university)</p> <p>If the student has not had this vaccine in the past 10 years then a booster must be given.</p>
<p>Varicella # 1 ____/____/____ (Given after 1 year of age) Varicella #2 ____/____/____ (Given 30 days after dose 1)</p> <p>-or-</p> <p>History of disease ____/____ (Month/Year) Documented by Medical Provider.</p> <p>-or-</p> <p>Immunizations that do not follow the above schedule or undocumented history of disease must be accompanied by a blood titer result showing positive immunity.</p>
<p>Additional requirement for students under the age of 18 :</p> <p>Polio # 1 ____/____/____ Polio # 2 ____/____/____ Polio # 3 ____/____/____</p>

Healthcare Provider Signature/Title

(Date)

Office Stamp must be used to validate this form.