**MARYMOUNT UNIVERSITY**

**STUDENT HEALTH SERVICES IMMUNIZATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (M/D/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED**

|  |
| --- |
| **MMR (Measles, Mumps, Rubella) -** *2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps, and/or Rubella. IF YOU WERE BORN PRIOR TO JANUARY 1, 1957 YOU ARE EXEMPT.* |

**Option 1**  Vaccine Date

|  |  |  |  |
| --- | --- | --- | --- |
| **MMR***2 doses of MMR vaccine* | MMR Dose #1MMR Dose #2 |  |  |

**Option 2**  Vaccine or Test Date Serology Results

|  |  |  |  |
| --- | --- | --- | --- |
| **Measles***2 doses of vaccine or positive serology* | Measles Vaccine #1Measles Vaccine #2Serologic Immunity (IgG antibody titer) |  | Qualitative Test Results:☐ Positive ☐ NegativeQuantitative Titer Results:\_\_\_\_\_\_\_\_\_\_\_IU/m |
| **Mumps***2 doses of vaccine or positive serology* | Mumps Vaccine #1Mumps Vaccine #2Serologic Immunity (IgG antibody titer) |  | Qualitative Test Results:☐ Positive ☐ NegativeQuantitative Titer Results:\_\_\_\_\_\_\_\_\_\_\_IU/m |
| **Rubella**1 dose of vaccine or positive serology | Rubella VaccineSerologic Immunity (IgG antibody titer) |  | Qualitative Test Results:☐ Positive ☐ NegativeQuantitative Titer Results:\_\_\_\_\_\_\_\_\_\_\_IU/m |

**Tetanus-diphtheria-pertussis** - *1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of booster*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tdap Vaccine (Boostrix, Adacel, etc.)Td Vaccine or Tdap Vaccine booster (if more than 10 years since last) |  |  |

MU SHS Immunization Record (cont.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meningococcal** -*1 dose between the age of 16 years to 23 years*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Meningococcal Vaccine |  |  |

**Meningitis B -** *2 doses or have started the 2 dose series between the age of 16-23 years*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Bexsero☐ Trumenba | Men B #1Men B #2 |  |  |

**Hepatitis B** -  *2 or 3 dose series* ***OR*** *signed WAIVER*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Engerix-B/Recombivax☐ Heplisav-B (2 doses) | Hepatitis #1Hepatitis #2Hepatitis #3 |  | Qualitative Test Results:Immune ☐ Yes ☐ NoQuantitative Titer Results:\_\_\_\_\_\_\_\_\_\_\_mIU/mL |

**Polio -** *for students under 18 years*

|  |  |  |  |
| --- | --- | --- | --- |
| Polio (IPV) | Date series completed: |  |  |

**NOT REQUIRED, BUT RECOMMENDED:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hepatitis A | #1 | #2 |  |
| COVID | #1 | #2 | #3 |
| Varicella | #1 | #2 |  |

|  |  |
| --- | --- |
| Providers official address: | Stamp: |
| Signature of HCP: | Date: |

**\*** *Student Health Clinic carries all required vaccinations if unable to get prior to coming to campus. Your insurance will be verified prior to administration. Please call 703-284-1610 if you have questions or would like to make an appointment.*

*\*\* Only students attending classes in-person need to submit immunizations. If you are online, please let SHS know.*