Immunization Form

General Population and International Student Requirements

First Name		**Phone**	
Last Name		**Email**	
Date of Birth		**Country of Citizenship**	

REQUIRED IMMUNIZATIONS

MMR (MEASLES, MUMPS, & RUBELLA): Choose one option below.

Option 1	***Vaccine***	***Date***			
MMR: 2 doses of MMR vaccine	*MMR Dose #1*				
	MMR Dose #2				
Option 2	***Vaccine***	***Date***			
*Measles: Two (2) doses of vaccine **OR** positive serology*	*Measles Dose #1*		***Serology Results***		
	Measles Dose #2				
	Serologic Immunity (IgG antibody titer)		***Qualitative Titer Results***	***Positive*** ☐	***Negative*** ☐
Mumps: Two (2) doses of vaccine or positive serology	*Mumps Dose #1*		***Serology Results***		
	Mumps Dose #2				
	Serologic Immunity (IgG antibody titer)		***Qualitative Titer Results***	***Positive*** ☐	***Negative*** ☐
Rubella: Two (2) doses of vaccine or positive serology	*Rubella Dose #1*		***Serology Results***		
	Rubella Dose #2				
	Serologic Immunity (IgG antibody titer)		***Qualitative Titer Results***	***Positive*** ☐	***Negative*** ☐

TETANUS-DIPHTHERIA-PERTUSSIS

Requirement	***Vaccine***	***Date***
One (1) dose of adult Tdap within the past 10 years	***Tetanus-diphtheria-pertussis (Adacel, Boostrix, etc)***	

Varicella (Chicken Pox):

Requirement	*Vaccine*	***Date***			
Two (2) doses of vaccine or positive serology	*Varicella Dose #1*		***Serology Results***		
	Varicella Dose #2				
	Serologic Immunity (IgG antibody titer)		***Qualitative Titer Results***	***Positive*** ☐	***Negative*** ☐

REQUIRED IMMUNIZATIONS (Page 2)

MENINGOCOCCAL CONJUGATE (ACWY)

Requirement	***Vaccine***	***Date***
One dose given on or after 16th birthday if student will be younger than 22 years of age at the start of their first semester at UPIKE.	***Meningococcal conjugate (ACWY)***	

HEPATITIS B

Requirement	*Vaccine*	***Date***		
Option 1: *Primary Hepatitis B-Series. Three (3) dose-vaccine (ex. Energix-B, PreHevbrio, Recombivax, Twinrix)* ***OR*** *a Two doses Vaccine (Heplisav-B)*		***3 Dose Series***	***2 Dose Series***	
	Hepatitis B Vaccine Dose #1			
	Hepatitis B Vaccine Dose #2			
	Hepatitis B Vaccine Dose #3			
Option 2	***Antibody Test***	***Date***		***Serology Results***
Hepatitis B Surface Antibody test showing immunity (titer>10 mIU/mL is positive).	*Serologic Immunity (HBSAB antibody titer)*		***Qualitative Titer Results***	***Positive*** ☐ ***Negative*** ☐

Recommended Immunizations

In addition to the required immunization, the following immunizations are recommended for incoming students.

- ***Influenza (annually)***
- ***Covid 19***
- ***Papilloma (HPV)***

MUST BE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL OR DESIGNEE

Healthcare Profession Signature		***Date***
Printed Name		
Title		
NPI#		
Street Address		
City, State, Zip		
Phone Number & Extension		
Fax		
Email		