



## Immunization Form

### General Population and International Student Requirements

<b>First Name</b>		<b>Phone</b>	
<b>Last Name</b>		<b>Email</b>	
<b>Date of Birth</b>		<b>Country of Citizenship</b>	

### 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 <b>OR</b> positive serology	Measles Dose #1		<b>Serology Results</b>		
	Measles Dose #2				
	Serologic Immunity (IgG antibody titer)		Qualitative Titer Results	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Mumps: Two (2) doses of vaccine or positive serology	Mumps Dose #1		<b>Serology Results</b>		
	Mumps Dose #2				
	Serologic Immunity (IgG antibody titer)		Qualitative Titer Results	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Rubella: Two (2) doses of vaccine or positive serology	Rubella Dose #1		<b>Serology Results</b>		
	Rubella Dose #2				
	Serologic Immunity (IgG antibody titer)		Qualitative Titer Results	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>

### TETANUS-DIPHTHERIA-PERTUSSIS

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

### Varicella (Chicken Pox):

Requirement	Vaccine	Date			
Two (2) doses of vaccine or positive serology	Varicella Dose #1		<b>Serology Results</b>		
	Varicella Dose #2				
	Serologic Immunity (IgG antibody titer)		Qualitative Titer Results	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>



## REQUIRED IMMUNIZATIONS (Page 2)

### MENINGOCOCCAL CONJUGATE (ACWY)

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

### HEPATITIS B

Requirement	Vaccine	Date								
		3 Dose Series	2 Dose Series							
<b>Option 1:</b> Primary Hepatitis B-Series. Three (3) dose-vaccine (ex. Energix-B, PreHevbrio, Recombivax, Twinrix) <b>OR</b> a Two doses Vaccine (Hepilisav-B)	Hepatitis B Vaccine Dose #1									
	Hepatitis B Vaccine Dose #2									
	Hepatitis B Vaccine Dose #3									
<b>Option 2</b>	<b>Antibody Test</b>	<b>Date</b>		<b>Serology Results</b>						
Hepatitis B Surface Antibody test showing immunity (titer>10 mIU/mL is positive).	Serologic Immunity (HBSAB antibody titer)			<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><i>Qualitative Titer Results</i></td> <td style="text-align: center; border: none;"><i>Positive</i></td> <td style="text-align: center; border: none;"><i>Negative</i></td> </tr> <tr> <td style="border: none;"></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> </table>	<i>Qualitative Titer Results</i>	<i>Positive</i>	<i>Negative</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Qualitative Titer Results</i>	<i>Positive</i>	<i>Negative</i>								
	<input type="checkbox"/>	<input type="checkbox"/>								

## 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
<b>Printed Name</b>	
<b>Title</b>	
<b>NPI#</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number &amp; Extension</b>	
<b>Fax</b>	
<b>Email</b>	