Duke University Mandatory Immunization Requirement Form for Graduate Students
2020-2021

Last Name: _____ **First Name:** _____ **MI:** _____

Duke Unique ID: _____ **Date of Birth:** _____/_____/_____

Have you previously attended Duke University? _____

SECTION A: REQUIRED IMMUNIZATIONS

FORMS ARE DUE: JUNE 15 for fall admission, December 15 for spring admission. INFORMATION MUST BE IN ENGLISH.

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (All students must submit documentation of 3 doses of tetanus. One MUST be a Tdap. One must be within the last 10 years.)				
Tdap				
MMR (Measles, Mumps, Rubella) 2 MMR vaccines required *on or after* first birthday OR positive titers (lab reports must be attached). **OR**				
Measles (single antigen 2 required *on or after* first birthday)				
Mumps (single antigen 2 required *on or after* first birthday)				
Rubella (single antigen 1 required *on or after* first birthday)				
Hepatitis B (Complete series required if born *on or after* 7/1/94. The state of NC does not accept titers for this requirement. Specify vaccine type and list dates below.)				
Engerix-B (3 doses required) OR				
Heplisav-B (2 doses required)				
Varicella (chickenpox) (One of the following is required if born *on or after* April 1, 2001.)				
Varicella vaccine (2 doses required) **OR**				
Varicella IgG positive titer (lab report must be attached)				

****TB Screening Questionnaire** *must be completed online*: **https://redcap.duke.edu/redcap/surveys/?s=CEYNR3DPN9**
AFTER COMPLETION, PRINT AND SUBMIT WITH THIS FORM. Attach testing/treatment if applicable.

SECTION B: ADDITIONAL IMMUNIZATIONS

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Meningococcal ACWY				
Meningococcal B				
Bexsero OR				
Trumenba				
HPV (Gardasil 4 or Gardasil 9)				
Twinrix (Hepatitis A/B combination)				
Hepatitis A				
Polio				
Rabies				
Ixiaro (Japanese Encephalitis)				
Typhoid (Specify vaccine)		Oral	IM	
Yellow Fever				

Provider Name (print) _____ Title_____ Date _____

Provider Signature _____ Office Phone #_____

Address/Official Stamp _____

Official stamp with authorized signature from MD, DO, PA, NP, RN or LPN required.
DUKE DOES NOT ACCEPT FORMS SIGNED BY FAMILY MEMBERS
Email to: immunizations@duke.edu (preferred method)
or
Fax to: 919-681-7386

IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB/CHEST X-RAY REPORTS FOR YOUR RECORDS.