

## Universal Immunization Requirements Form for All Students

**Important: Incoming students must complete the health requirements form BEFORE arriving to campus.**

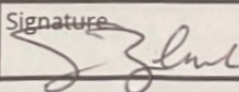
The University requires these vaccinations to protect the health and wellbeing of its community. The following information must be reviewed and signed by a medical provider. If documentation is not available, lab reports of blood tests (titers) to confirm immunity are accepted for Hepatitis B, MMR, and Varicella only.

First Name <b>Stephen</b>	Last Name <b>Trainor</b>	
Date of Birth (mm/dd/yyyy) <b>06/07/2006</b>	Email address <b>setrain@seas.upenn.edu</b>	Penn ID number (8 digits if known) <b>10060843</b>

Part 1: Required Immunizations			Titer accepted (re-vaccinate if negative titer) must upload lab report
<b>MMR</b>	2 doses required or individual vaccines as listed below. 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy) <b>01/26/2015</b>	Dose #2 (mm/dd/yyyy) <b>04/03/2015</b>
<b>-OR-</b>			
<b>Measles (Rubeola)</b>	2 doses required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)
<b>Mumps</b>	2 doses required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)
<b>Rubella (German Measles)</b>	1 dose required; 1st dose must be administered after 1st birthday	Dose #1 (mm/dd/yyyy)	

Part 2: Required Immunizations (cont)			Titer accepted (re-vaccinate if negative titer) must upload lab report
<b>Hepatitis B</b>	2 dose (Heplisav-B only) 3 dose series, OR positive titer	Dose #1 (mm/dd/yyyy)	Dose #2 (mm/dd/yyyy)
<b>Tetanus-Diphtheria-Pertussis (Tdap-Adacel or Boostrix)</b>	1 dose of Tdap required within the past 10 years	Tdap Date (mm/dd/yyyy) <b>04/27/2017</b>	
<b>Varicella (Chicken Pox)</b>	2 doses required; positive titer required if history of Varicella illness	Dose #1 (mm/dd/yyyy) <b>06/04/2013</b>	Dose #2 (mm/dd/yyyy) <b>01/26/2015</b>
<b>Meningococcal ACYW-135</b>	1 dose since age 16 if living in campus housing	Dose #1 (mm/dd/yyyy) <b>01/17/2023</b>	List vaccine name OR serogroups covered

Part 3: Recommended Immunizations		
<b>COVID-19</b>	Up to date includes 2023-2024 formularies only (Moderna, Pfizer, or Novavax)	Updated dose: manufacturer and date (mm/dd/yyyy)
<b>Influenza</b>	Annually, after September 1	Flu vaccine (mm/dd/yyyy)
The vaccines listed below are recommended based on age or disease criteria. Please check with your clinician.		
<b>Hepatitis A</b>	2 doses	Dose #1 (mm/dd/yyyy) <b>04/25/2015</b>
<b>HPV (Human Papillomavirus)</b>	Check one: HPV4 <input type="checkbox"/> HPV9 <input type="checkbox"/>	Dose #2 (mm/dd/yyyy) <b>12/21/2015</b>
		Dose #3 (mm/dd/yyyy)

Part 4: Provider Review and Signature	
Provider Name (please print) <b>Scott Bluck D.O.</b>	Credentials <b>Kaiser Permanente</b>
Address <b>CA Lic # 20A9096</b>	Phone <b>8080 Parkway Dr.</b>
<b>(833) 574-2273</b>	<b>La Mesa, CA. 91942</b>
Clinic or Organization Stamp	Signature 
	Date (mm/dd/yyyy) <b>6/28/24</b>

Please visit <https://wellness.upenn.edu> if you have questions about vaccine exemptions.

This form and all vaccine documentation should be submitted through the Immunization Portal; do not submit via email. Visit <https://wellness.upenn.edu/wellness-portals> and click on the **Immunization Portal** button to submit.





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Member name: Stephen E Trainor

Date of birth: 6/7/2006

Primary care physician: JOSHUA RYAN SMITH DO, D.O.

Date printed: 6/28/2024

## HEPATITIS B VIRUS SURFACE ANTIBODY

Collected on June 27, 2024 9:40 AM

Your test results are available to you and your ordering doctor or care team. Click for tips on navigating this results page. ▼

### Results

RMS ACCN: 765911179

Authorizing provider: ERIC  
STEPHEN MOSIER DO

Collection date: June 27,  
2024 9:40 AM

Specimens: BLOOD

Result date: June 28, 2024  
5:38 AM

Result status: Final

Resulting lab:  
SCPMG REGIONAL  
REFERENCE  
LABORATORIES, CLINICAL  
PATHOLOGY - CHINO  
HILLS  
13000 Peyton Drive  
Chino Hills CA 91709  
Steven McLaren, DO (Lab  
director)

#### HEP B SURFACE AB

Normal value:  $\geq 12.00$  mIU/mL

Value

**212.74**

Please see below for interpretive criteria:

NON-REACTIVE:  $< 8.00$  mIU/mL Individual is considered not immune to HBV infection.

GRAYZONE:  $\geq 8.00$  to  $< 12.00$  mIU/mL The immune status of the individual should be further assessed by considering other factors such as clinical status, follow-up testing, associated risk factors, and the use of additional diagnostic information.

REACTIVE:  $\geq 12.00$  mIU/mL Individual is considered immune to HBV infection.

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