Immunization Form

University of Iowa Student Health Service

Return this Form to:
THE UNIVERSITY OF IOWA
STUDENT HEALTH SERVICE
4189 Westlawn South
Iowa City, Iowa 52242 **OR** **Fax #** 319-335-7247

[Patient label goes here]

Patient's Name_____

Student ID#_____

Address_____

Preferred Name if different from above: _____

IMMUNIZATION INFORMATION MUST BE VALIDATED BY THE SIGNATURE OF YOUR PHYSICIAN, NURSE, OR IMMUNIZING OFFICIAL.

The University of Iowa requires verification of **Measles, Mumps, Rubella (MMR)** immunization or immunity for **ALL STUDENTS** born after 12/31/56. This requirement is fulfilled if you meet one of the following criteria:

☐ were born before 1957; **OR** ☐ provide Student Health copies of original lab reports of MMR titers that verify immunity; **OR**

☐ received 2 doses of MMR vaccine after your first birthday AND in 1969 or later

MMR #1_____

MMR #2_____ (must be at least 28 days after first MMR)

You will have one semester to provide Student Health with validation of your immunity to MMR. **You will not be allowed to register for subsequent semesters until you have complied.** These vaccinations are available at the Student Health Service for a fee.

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. Meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for college freshmen living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. **IOWA LAW requires us to provide this information on meningitis and meningitis vaccine. We are also required to collect data on meningitis immunization on our campus**.

Please indicate if you have received the meningitis vaccine: ☐ yes ☐ no; If yes indicate date given (month, day, year): _____-_____-_____

Your signature verifies that you have read this information. (Signature)_____ (date) _____

The tests and immunizations below are encouraged, but not required for most students.

Health Science students are REQUIRED to provide documentation of all the immunizations in BOLD below. Those that are starred (✱) are optional.

—**Chickenpox** (Varicella). Proof of immunity may be established by having:
- ☐ Had vaccination series - (month, day, year) given: #1 _____/_____/_____; #2 _____/_____/_____; **OR**
- ☐ Had the disease - (month, day, year) _____/_____/_____ **OR** ☐ Have serologic immunity

—**Tetanus, Diphtheria**
- ☐ Td (valid only if within 10 years) - (month, day, year) given _____/_____/_____; **OR**
- ☐ Tdap (valid only if within 10 years) - (month, day, year) given _____/_____/_____

✱ Polio – date (month, day, year) given:_____/_____/_____

—**Hepatitis B**
- ☐ Hepatitis B Series (month, day, year) given: #1 _____/_____/_____; #2 _____/_____/_____; #3 _____/_____/____; **OR**
- ☐ Hepatitis A/B Combination Series (month, day, year) given: #1_____/_____/_____; #2_____/_____/_____; #3_____/_____/____

—**Hepatitis B antibody titre**. (Provide a copy of the original lab report). If non-immune, boosters required according to protocol.

—**Tuberculin skin test** (TST) (PPD intradermally). TST is valid only if read 48-72 hours from the time it was placed.
- ☐ TST given: _____/_____/_____; date read: _____/_____/_____; Result: ☐ negative ☐ positive ☐ _____ mm; **OR**
- ☐ Interferon Gamma Release Assay (IGRA) test i.e., QuantiFERON TB Gold Test (QFT-G) or T-SPOT.TB drawn: _____/_____/_____; Result: ☐ negative ☐ positive

If your TB screening test is positive, please provide a copy of your chest X-ray report and treatment record if you have had or are on INH.

✱ HPV series (month, day, year) given: #1 _____/_____/_____; #2 _____/_____/_____; #3 _____/_____/____

✱ Hepatitis A series (month, day, year) given: #1 _____/_____/_____; #2 _____/_____/_____

_____ _____

Signature of your physician, nurse, or immunizing official is required. **Date**