University Health Center
University of Maryland
College Park, MD 20742
Upload form to **myuhc.umd.edu**

Immunization questions or information:
301-314-8114

DIVISION OF
STUDENT AFFAIRS

UNIVERSITY HEALTH CENTER

IMMUNIZATION RECORD

Please submit your immunization information ONLINE no later than the first day of class

Instructions for uploading immunizations:

Step 1: Go to www.myuhc.umd.edu

Step 2: Enter your **directory ID** and **password** to log on, then enter your **UID** (University ID) in the box and hit ENTER

Step 3: Click on **Forms** (located on the left hand side of the page), then click on **Immunizations** (in the middle of the page)

Step 4: Carefully enter your immunization dates in the appropriate fields

Step 5 : Scroll down to the gray box and click "Add Immunization Record" to attach your **supporting documentation.**

You can scan or take a photo of the documents which can then be uploaded.

You may save your entries and return to them later, but once you click Submit Final, you will not be able to make changes

Submit this form with your provider's signature as **supporting documentation**.

If your provider does not sign this form, you must attach ONE of the following alternative forms of **supporting documentation:**

1. Vaccine record from your doctor/provider office that includes provider information
2. Up to date school or university immunization record
3. Provider signed proof of current or previous immunizations
4. Active duty (DD214) status in the US Military or International W.H.O Yellow Book showing MMR dates (completed by a medical provider)

We ask that supporting documentation please be in English

If you are in need of required vaccines, these are available at the University Health Center.

Please call for an appointment when you arrive on campus. Many insurances can be billed for the cost of the vaccines.

*The University of Maryland requires that **ALL students** including credit/non-credit, degree/non-degree seeking,

full-time/part-time, graduate/undergraduate, transfer and international students complete this form.

**Allow one week for processing after your form has been submitted.

**Once your form has been processed, you will receive a secure message by email.

**Student registration will be blocked if immunization information is missing.

*Regarding the Mandatory Health Insurance Waiver: Submission of this form does not meet the Mandatory Health

Insurance Waiver Requirement! Evidence of insurance must be provided yearly online at https://umd.myahpcare.com/waiver.

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Name (Last) Karanam	First Rahul
University ID# 118172507	Date of Birth (mm/dd/yyyy) 06 25 1997
Cell phone number: +91 8220151146	Email Address: rKaranam@umd.edu
What is your home country?	India

Parental/Guardian Consent (for students under age 18):

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my student

until they turn 18. The Health Center will seek to notify parents in the event of an emergency.

Signed	Relationship	Date

Last name __Karanam__   UNIVERSITY OF MARYLAND   University ID# __118172507__
                                         IMMUNIZATION RECORD
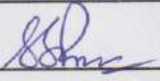
SECTION A (REQUIRED): ALL STUDENTS BORN AFTER 1956 MUST PROVIDE THIS INFORMATION		
Vaccines	**Dates Given/Performed**	**Requirements**
MMR	Dose 1 __07__/__30__/__1998__ Dose 2 __12__/__10__/__2003__ mm dd yyyy mm dd yyyy	2 doses of MMR –At least 4 weeks between doses –First dose given after 1st birthday –Second dose after age 4
OR		OR
Individual Vaccines: –Measles –Mumps –Rubella	**Measles** Dose 1 ___/___/___ Dose 2 ___/___/___ mm dd yyyy mm dd yyyy **Mumps** Dose 1 ___/___/___ Dose 2 ___/___/___ mm dd yyyy mm dd yyyy **Rubella** Dose 1 ___/___/___ Dose 2 ___/___/___ mm dd yyyy mm dd yyyy	2 doses of each individual component (2 measles, 2 mumps, 2 rubella) –At least 4 weeks between doses –First dose given after 1st birthday –Second dose after age 4
OR		OR
Positive blood test showing immunity	Measles titer date ___/___/___ Result_____ mm dd yyyy Mumps titer date ___/___/___ Result_____ mm dd yyyy Rubella titer date ___/___/___ Result_____ mm dd yyyy	Positive titers ***Lab report must be attached**
AND		
Tdap	__02__/__18__/__2012__ mm dd yyyy	One dose given at age 11 or later
SECTION B (REQUIRED): ALL UNDERGRADUATE STUDENTS MUST COMPLETE THIS SECTION		
Meningitis (ACWY) meningo-coccal vaccine	___/___/___ mm dd yyyy Check one ☐ Menactra ☐ Menveo ☐ Unknown ☐ Check if waiver completed below in SECTION C	One dose given after age 16 –May be waived by completing Section C

YOUR DOCTOR/PROVIDER MUST SIGN HERE: *Please review, sign, and stamp to verify immunization dates and information are correct.*

Dr. S. SRIDHAR RAO	_(signature)_	+91 9849977951	07/06/2021
Clinician name (MD/NP/PA)	Clinician Signature	Clinician Phone Number	Date

Updated 1.20