University of Iowa
General Student Requirements Form

An official immunization record from your health department or medical record is the preferred method of submitting this information. If unable to send an official record, this form can be completed and signed by your health care provider.

Please put all DATES in MONTH/DAY/YEAR format and print legibly

Name: ____________________________ Date of Birth: __________________
Student ID number: ____________________________

REQUIRED for all students born after 12/31/1956

Measles/Mumps/Rubella (MMR) - (2) doses or positive antibody titres for all 3 diseases;
Initial vaccine must be after age 1; at least 28 days between doses)

MMR #1 Date: ____________________________
MMR #2 Date: ____________________________

-OR-

+ Measles antibody titre Date: ____________________________
+ Mumps antibody titre Date: ____________________________
+ Rubella antibody titre Date: ____________________________

-OR-

Single Component vaccinations (Measles, Mumps, Rubella)

Measles Date: ____________________________ Date: ____________________________
Mumps Date: ____________________________ Date: ____________________________
Rubella Date: ____________________________ Date: ____________________________

Health Care Provider or Immunizing Official (SIGNATURE IS REQUIRED):

Name: ____________________________ ____________________________
Signature Printed name
Date: ____________________________

Send signed, completed forms via email to: immunizations@healthcare.uiowa.edu
Optional / Recommended

Many of these immunizations will be required if you are planning a future Health Science course of study at the UI.

Varicella (Chicken Pox) - (2) vaccines or positive antibody titre

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>-OR-</th>
<th>Date: ____________________________</th>
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<tbody>
<tr>
<td>Varicella #1</td>
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<tr>
<td>Varicella #2</td>
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<tr>
<td>+ Varicella antibody titre</td>
<td>Date: ____________________________</td>
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Tetanus/diphtheria/pertussis (Tdap) – one dose of Tdap; Tetanus/Diphtheria (Td) every 10 years

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<tr>
<th>Vaccination</th>
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<th>Date: ____________________________</th>
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<td>Tdap</td>
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<td>Td</td>
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Hepatitis B: (3) vaccine series; antibody titre can be done 4-8 weeks after dose #3 to confirm immunity

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<tr>
<th>Vaccination</th>
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<td>Hepatitis B #1</td>
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<td>Hepatitis B #2</td>
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<tr>
<td>Hepatitis B #3</td>
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<tr>
<td>+ Hepatitis B Surface Antibody titre</td>
<td>Date: ____________________________</td>
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Hepatitis A: (2) vaccine series

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<tr>
<td>Hepatitis A #1</td>
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<tr>
<td>Hepatitis A #2</td>
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Meningitis: (1) vaccine; if given before age 16, need booster

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<tbody>
<tr>
<td>Meningitis #1</td>
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<tr>
<td>Meningitis #2</td>
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Human Papilloma Virus (HPV): (3) vaccine series for males and females age 9-26

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<td>HPV #1</td>
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<td>HPV #2</td>
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<tr>
<td>HPV #3</td>
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