



# UChicago Student Wellness

## IMMUNIZATION FORM FOR MEDICAL STUDENTS - 2023-24

LAST NAME:	FIRST NAME:	MI:
STUDENT ID (8-DIGITS):	DATE OF BIRTH:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
PHONE NUMBER:	UCHICAGO E-MAIL:	
FIRST QUARTER ATTENDING: <input type="checkbox"/> AUTUMN <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		YEAR:

>>>> PROOF OF TWO DOSES OF COVID-19 VACCINE; SHOULD BE UPLOADED TO [my.WellnessPortal](#) <<<<

BELOW SECTIONS TO BE COMPLETED BY A HEALTHCARE PROVIDER. DATES SHOULD BE FORMATTED AS MM/DD/YYYY

<b>REQUIRED VACCINES</b>	<b>MMR (Combined Measles, Mumps, Rubella)</b> - 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW	DOSE #1 DATE (ON OR AFTER FIRST BIRTHDAY & AFTER 1/1/68):	DOSE #2 DATE (AT LEAST 28 DAYS AFTER FIRST MMR DOSE):	AND MUST PROVIDE DATE OF BLOOD TITER FOR MEASLES, MUMPS, AND RUBELLA; RESULTS; AND COPY OF LAB TEST. PLEASE COMPLETE THE BELOW FIELDS.	
	<b>OR PROVIDE THE FOLLOWING:</b>				
	<b>Measles (Rubeola)</b> - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE:	RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	<b>Mumps</b> - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE:	RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	<b>Rubella (German Measles)</b> - 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART. - MUST PROVIDE DATE OF BLOOD TITER, RESULTS, AND COPY OF LAB TEST.	DOSE #1 DATE:	DOSE #2 DATE:	BLOOD TITER DATE:	RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
<b>Tetanus/Diphtheria/Pertussis</b> 3 DOSES OF DTP, DPT, DTaP, DT, Td, OR Tdap ARE REQUIRED. ONE DOSE MUST BE Tdap. THE FIRST TWO DOSES MUST BE AT LEAST 28 DAYS APART. LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO THE TERM OF CURRENT ENROLLMENT. (TETANUS TOXOID IS NOT ACCEPTABLE IN FULFILLING THIS REQUIREMENT.)					
Tdap DATE:		DTP, DPT, DTaP, TD, DT, OR Tdap DATE: (PLEASE CIRCLE THE TYPE OF DOSE)	DTP, DPT, DTaP, TD, DT, OR Tdap DATE: (PLEASE CIRCLE THE TYPE OF DOSE)		



# UChicago Student Wellness

STUDENT NAME: \_\_\_\_\_ STUDENT ID (8-DIGITS): \_\_\_\_\_

DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

<b>REQUIRED VACCINES</b>	<b>Hepatitis B</b> - THREE DOSES GIVEN AT 0, 1-2, AND 4-6 MONTHS. - BLOOD TITER TEST MAY BE COMPLETED DURING FIRST QUARTER	DOSE #1 DATE:	DOSE #2 DATE:	DOSE #3 DATE:	<b>ANTIBODY BLOOD TITER DATE:</b>  RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	<b>Varicella (Chicken Pox)</b> - MUST PROVIDE BLOOD TITER, OR - DATES OF VACCINES IF YOU HAVE NOT HAD CHICKEN POX	DOSE #1 DATE:	DOSE #2 DATE:	<b>OR</b>	<b>BLOOD TITER DATE:</b>  RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH
	<b>Meningococcal Conjugate</b> - REQUIRED FOR ALL NEW STUDENTS UNDER THE AGE OF 22. - ONE DOSE MUST HAVE BEEN GIVEN ON OR AFTER 16 <sup>TH</sup> BIRTHDAY.				VACCINE DATE:

COMPLETE ONE OF THE BELOW. DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

<b>TUBERCULOSIS</b>	<b>Tuberculin Skin Test (Mantoux Only)</b> TO BE COMPLETED WITHIN 3 MONTHS OF start of classes	PLACEMENT DATE:	READ DATE:	RESULT: _____ MM INDURATION (IF NO INDURATION, RECORD 0)
	<b>OR PROVIDE THE FOLLOWING:</b>			
<b>Chest X-Ray</b> IF STUDENT HAS A HISTORY OF A POSITIVE TB SKIN TEST OR TREATED TB DISEASE (MUST BE DONE IN THE USA WITHIN 1 YEAR OF REGISTRATION.	CHEST X-RAY DATE:  <input type="checkbox"/> ATTACHED COPY OF CHEST X-RAY REPORT IN ENGLISH	QUANTIFERON GOLD/T-SPOT TEST DATE:  RESULT:  <input type="checkbox"/> ATTACHED COPY OF LAB TEST IN ENGLISH		

\_\_\_\_\_  
SIGNATURE OF HEALTHCARE PROVIDER      DATE

\_\_\_\_\_  
HEALTHCARE PROVIDER NAME (PRINT)      ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER      FAX NUMBER

CLINIC STAMP:

**\*\*SIGNING PROVIDER IS VERIFYING ALL DATES ARE ACCURATE\*\***