

University of the District of Columbia
University Health Services
4200 Connecticut Ave N.W.
Building 44 ~ Suite A 40
Washington, DC 20008
Telephone (202)274-5030
Confidential Fax (202)274-5411



July 2011

Dear Student:

Congratulations on your acceptance to the University of the District of Columbia. The staff of Health Services looks forward to assisting you with maintaining optimal health so you may realize your full educational potential. The Immunization Law of the District of Columbia requires all students age 26 years and under, who are enrolled in a primary, secondary, or post secondary school of higher education (college or university), to submit proof of immunization **prior to attending classes** as follows:

- **Two (2)** doses of Measles, Mumps and Rubella vaccines (**MMR**) or a positive blood test for MMR. The second dose must be at least 2 months after the first dose.
- A booster **Td** or **Tdap** is required 10 years after the primary series.
- **Three (3)** doses of **Hepatitis-B** Vaccines or a positive blood test for Hepatitis-B.
- **Two (2) Varicella (Chickenpox)** vaccines or a positive blood test (**Titers**) for Varicella or proof of chicken pox illness.
- **One (1) Meningococcal Vaccine** for athletes and others living in university housing.

Unless you **submit all of this information to the Student Health Services (SHS)** or submit verification that you are undergoing immunization, you will not be able to register for classes at the University. Possible places for retrieving your immunization records may be your private physician's office, military records, the local health department or your high school.

Please note that Immunization records must be submitted directly to the University Health Services.

For International students: All records must be written in English, or accompanied by a translation certified by your Embassy or other official. If you are missing any of the above vaccines, please obtain that vaccine from your private physician or neighborhood health clinic, prior to attempting to register.

- If you need additional information or medical forms for the above medical information, please contact the Student Health Services at **(202) 274-5030**, 9:00 am and 4:00 pm, Monday through Friday. Your records are confidential and may be faxed to **202-274-5411**.
- **Please do not come on campus if you are ill with fever, flu symptoms or any other contagious illness, until you are well. If you become ill while you are on campus, please come immediately to the health unit, Building 44, Room A-40. Thank you and have a healthy semester!**

Jane Offei-Darko

Director, UDC Health Services

RECORD OF IMMUNIZATION

University Health Services
Division of Student Life

Your Health History is important and will aid in providing health care while you are enrolled. Carefully complete the enclosed health form and mail it to University Health Services as soon as possible.

If proof of vaccines cannot be provided, the student must obtain a blood titer to confirm immunity for any of the vaccines. A copy of the laboratory tests confirming immunity must be submitted to the Health Center. All documentation submitted to the Health Center must be in ENGLISH.

All services are confidential. No medical information can be released to any one, including your parents, without your written permission. For insurance purposes, information may be shared with your insurance provider. **Please make a copy of this form and retain for your records.**

Name _____ Date of Birth ____/____/____
Last First Middle Name

Student ID No.: _____ Tel. No.: _____ E-mail: _____

Entering UDC as a: Freshman Transfer Graduate Student Post Baccalaureate
 Summer 20____ Fall 20____ Spring 20____

REQUIRED IMMUNIZATIONS

A health care provider must complete and sign this form. All dates must include month and year. You can obtain your immunization records from your physician, previous school or your personal health records. Students with incomplete immunization records will be ineligible to register for classes at the University.

If you are living in university-provided housing, you must provide proof of vaccination or sign the attached waiver. **See page 2 for information related to meningitis.**

Tetanus (Td, DPT, Tdap, Boostrix) – within 10 years of admission		Provide most recent date:	Date
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> EXEMPT (If born before 1957)	First Dose	Second Dose
OR Measles (Rubeola) Mumps Rubella (German Measles)		First Dose	Second Dose
		First Dose	Second Dose
	Date	/	
Polio (OPV or IPV) – students age 18 and under		First Dose	Second Dose
		Third Dose	Fourth Dose
Varicella (Chickenpox) OR Date of Chickenpox		First Dose	Second Dose
	Date	/	
Hepatitis B Vaccine	1.	2.	3.

Healthcare Provider Certification

Provider's Signature

Provider's Printed Name

Address: _____

Phone Number: _____ Date: _____

EXEMPTION: If you are exempt for a MEDICAL or RELIGIOUS reason (please circle one), an explanatory letter signed by a healthcare provider or religious clergy must be attached.

RETURN COMPLETED FORM TO:

University of the District of Columbia
 University Health Services
 4200 Connecticut Avenue, NW
 Building 44-Room A39
 Washington, DC 20008
 Ph.: (202) 274-5030
 Fax: (202) 274-5411

MENINGITIS VACCINATION

The District of Columbia Immunization Law and its applicable regulations require all students wishing to reside in *University provided housing* to provide either proof of vaccination for meningitis or a signed waiver requesting exemption from the requirement after having received information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine.

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association recommends that college students, particularly freshmen living in residence halls, learn more about meningitis and vaccination. At least 70% of all cases of meningococcal disease in college students are vaccine preventable.

What is meningococcal meningitis? Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

How is it spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

What are the symptoms? Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

Who is at risk? Certain college students, particularly freshmen who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should also consider vaccination to reduce their risk for the disease.

Can meningitis be prevented? Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site, and rarely, a fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

For more information: To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org. If you have questions call the University Health Services at (202) 274-5030.

ATTACH PROOF OF MENINGITIS VACCINATION OR COMPLETE WAIVER APPLICATION BELOW.

APPLICATION FOR WAIVER OF MENINGITIS VACCINATION

1) I acknowledge that I am (initial applicable paragraph):

Eighteen (18) years of age or older and applying for this waiver on my own behalf;

The parent or legal guardian of a student who is less than eighteen (18) years of age;

2) I understand that the District of Columbia's Immunization Law and applicable regulations require each first-year student living or who may live in University housing to receive one dose of meningococcal vaccine;

3) I have received and reviewed the information provided by the University of the District of Columbia regarding the risk of contracting meningococcal disease and the availability and effectiveness of meningococcal vaccine;

4) I understand that I may elect to waive the meningococcal vaccine with this application;

5) I hereby (initial applicable paragraph):

Decline the meningococcal vaccine on my own behalf, since I am eighteen (18) years of age or older;

Decline the meningococcal vaccine on behalf of _____, who is less than eighteen (18) years of age and for whom I am the parent or legal guardian.

Name of Applicant (printed)

Name of Student – if different from Applicant (printed)

Signature of Applicant

Date

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