

UNIVERSITY OF THE DISTRICT OF COLUMBIA

IMMUNIZATION FORM

First Name:	Middle Initial:	Last Name:
UDC ID Number:	Date of Birth (MM/DD/YYYY):	

All forms **MUST** be accompanied by a copy of the student's Immunization Record/ Titer Results.

Hepatitis B

Hepatitis B #1 ___/___/___ Hepatitis B #2 ___/___/___ (Given at least 4 weeks after Dose 1)
Hepatitis B#3 ___/___/___ (Given at least 16 weeks after dose 1 and 8 weeks after Dose 2)
Immunizations that do not follow the above schedule must be accompanied by a blood titer result showing positive immunity.

Meningococcal ACWY (MCV4/ MCV Conjugate)

Students living in university-provided housing and student athletes must receive MCV4 ACWY vaccine. The most recent dose must be after age 16. (Meningococcal C only vaccine does not fulfill this requirement).
Meningococcal ACWY ___/___/___

MMR (Measles, Mumps, and Rubella)

MMR#1 ___/___/___ (Given after 1 year of age) MMR#2 ___/___/___ (Given 30 days after Dose 1)
OR
Measles #1 ___/___/___ Measles #2 ___/___/___
Mumps #1 ___/___/___ Mumps #2 ___/___/___
Rubella #1 ___/___/___ Rubella #2 ___/___/___
OR
Immunizations that do not follow the above schedule or undocumented administration of MMR vaccines must be accompanied by a blood titer result showing immunity.

Tetanus (Td/ Tdap)

Tetanus/Diphtheria ___/___/___ or Tetanus/Diphtheria/Pertussis ___/___/___ (Given in the last 10 years and it must stay current while the student is enrolled at the university)
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Varicella (Chickenpox)

Varicella #1 ___/___/___ (Given after 1 year of age) Varicella #2 ___/___/___ (Given 30 days after dose 1)
OR
History of disease ___/___ (MM/YY) Documented by a Medical Provider
OR
Immunizations that do not follow the above schedule or an undocumented history of disease must be accompanied by a blood titer result showing positive immunity.

Additional Requirements for students under the age of 18:

Polio #1: ___/___/___ Polio #2 ___/___/___ Polio #3 ___/___/___

Healthcare Provider Signature/Title

(Date)

An office stamp **must** be used to validate this form.