

STUDENT: Submit completed form to: Student Health Services @ [www. shs@miamioh.edu](mailto:shs@miamioh.edu) or fax to 513-529-1892

## VACCINATION REQUIREMENTS

Last Name	First	Middle
Date of Birth		University Banner ( +) Number

### COMPONENT A –

<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> One (1) dose of adult Tdap within the past ten (10) years.			
Dose 1			
<b>Hepatitis B</b> Three (3) doses of Hepatitis B OR lab report confirming immunity.			
Dose 1	Dose 2	Dose 3	OR <input type="checkbox"/> Lab report confirming immunity attached
<b>Measles-Mumps-Rubella</b> Two (2) doses of MMR OR two (2) doses of Measles, two (2) doses of Mumps, and one (1) dose of Rubella OR lab reporting confirming immunity for each.			
MMR	Dose 1	Dose 2	
OR			
Measles	Dose 1	Dose 2	OR <input type="checkbox"/> Lab report confirming immunity attached
Mumps	Dose 1	Dose 2	OR <input type="checkbox"/> Lab report confirming immunity attached
Rubella	Dose 1		OR <input type="checkbox"/> Lab report confirming immunity attached
<b>Varicella</b> Two (2) doses of varicella OR lab report confirming immunity.			
Dose 1	Dose 2	OR <input type="checkbox"/> Lab report confirming immunity attached	
<b>Polio</b> Four (4) doses of IPV or OPV. Only required for those students who will be younger than eighteen (18) at the start of the semester.			
Dose 1	Dose 2	Dose 3	Dose 4

### COMPONENT B – NEW TO UNIVERSITY HOUSING

<b>Meningococcal conjugate (ACWY)</b> One (1) dose since age 16.
Dose 1

Phone

Date