



Health Information Services
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vaccination@osu.edu

Once this form is completed by your licensed medical provider, follow the *Vaccination Requirement – Instructions available at shs.osu.edu*, under “Forms” and “Vaccination Requirement”.

VACCINATION REQUIREMENT – DOMESTIC

Last Name	First Name	Middle
Date of Birth MM/DD/YYYY	University ID Number (8 or 9 digits)	Semester Start (check one):
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____

These vaccines are **required** if you are new to The Ohio State University's Columbus campus.

Hepatitis B	Given in a series with at least 4 weeks between the first and second doses, at least 8 weeks between the second and third doses and at least 16 weeks between the first and third doses OR positive Hepatitis B antibody titer (laboratory report must be attached). Doses administered at less than the minimum intervals are not valid and must be repeated.		
	<input type="checkbox"/> 2-Dose Hheplisav or <input type="checkbox"/> 3-Dose		
Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	OR <input type="checkbox"/> Lab report confirming immunity attached
Measles-Mumps-Rubella	Two doses given at least 28 days apart and after 12 months of age. If given as single antigen vaccines, 2 Measles, 2 Mumps and 1 Rubella dose required OR positive MMR antibody titer (laboratory report must be attached). Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.		
MMR	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	
OR			
Measles	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	OR <input type="checkbox"/> Lab report confirming immunity attached
Mumps	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	OR <input type="checkbox"/> Lab report confirming immunity attached
Rubella	Dose 1 MM/DD/YYYY		OR <input type="checkbox"/> Lab report confirming immunity attached
Meningococcal Conjugate (ACWY)	One dose since age 16. Only a dose on or after the 16th birthday will be accepted. Do not complete this section if you will be over 22 years of age at the start of your first semester. The Meningococcal B vaccine does not fulfill the requirement.		
Dose 1 MM/DD/YYYY			
Polio	Four doses of IPV or OPV. Do not complete this section if you will be over 18 years of age at the start of your first semester. Polio only required if you will be younger than 18 years of age at the start of the first semester.		
Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY
Tetanus-Diphtheria-Pertussis(Tdap)	One dose of Tdap since age 11 and within the last ten years OR one dose of Tdap since age 11 and one dose of TD within the last ten years.		
Tdap	MM/DD/YYYY	Td	MM/DD/YYYY
Varicella	Two doses given at least 28 days apart and after 12 months of age OR positive Varicella antibody titer (laboratory report must be attached). Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated. Documentation of disease history does not fulfill the requirement.		
Dose 2 MM/DD/YYYY	Dose 2 MM/DD/YYYY	OR <input type="checkbox"/> Lab report confirming immunity attached	

LICENSED MEDICAL PROVIDER (MD, DO, PA, NP or RN*) VERIFICATION (required)

Provider Printed Name: Phone: _____

Provider Signature/Credentials: _____ Date:

(Must be signed by MD, DO, PA, NP or RN*)

Office Stamp:
Office stamp **required** for RN signatures