

Health Information Services 1875 Millikin Rd., Columbus, OH 43210 614-292-0118 Office / 614-292-7042 Fax vaccination@osu.edu

Last Name

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".

Middle

## VACCINATION REQUIREMENT- DOMESTIC STUDENT

| Date of Birth mm/dd/yyyy Universi   |                  |             | ty ID Number (8 c | or 9 digits) | Semester   | Start (ched  | ck one):                                |  |  |  |  |  |  |
|---|------------------|-------------|-------------------|--------------|------------|--------------|---|--|--|--|--|--|--|
|   |                  |             |                   |              | Fall       | Spring       | Summer 20                               |  |  |  |  |  |  |
|   |                  | •           |                   | •            |            |              |   |  |  |  |  |  |  |
| These vaccines are <b>required</b> if you are new to The Ohio State University's Columbus campus.   |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| 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 ( <u>laboratory report must be attached</u> ). Doses administered at less than the minimum intervals are not valid and must be repeated.   |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| Dose 1 mm/dd/yyyy Dose 2 mm/dd  |                  |             | ld/yyyy           | Dose 3 mm/do | І/уууу     | OR           | 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 dorner required OR positive MMR antibody titer (laboratory report must be attached). Doses of Varicella and MMR must be given on the same day 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/yy  | yy Do       | se 2 mm/dd/yyyy   |              |            |              |   |  |  |  |  |  |  |
| OR  |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| Measles   | Dose 1 mm/dd/yyy | yy Do       | se 2 mm/dd/yyyy   | OR           | Lab report | confirming   | immunity attached                       |  |  |  |  |  |  |
| Mumps   | Dose 1 mm/dd/yyy | yy Do:      | se 2 mm/dd/yyyy   | OR           | Lab report | confirming   | immunity attached                       |  |  |  |  |  |  |
| Rubella   | Dose 1 mm/dd/yyy | уу          |                   | OR           | 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.  |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| mm/dd/yyy   | У                |             |                   |              |            |              |   |  |  |  |  |  |  |
| 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 mr   | n/dd/yyyy        | Dose 2 mm/c | dd/yyyy           | Dose 3 mm/do | d/yyyy     | Dose         | e 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 10 years.  |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| Tdap mr   | n/dd/yyyy        |             | Td mm/dd/yyy      | /y           |            |              |   |  |  |  |  |  |  |
| Varicella  Two doses given at least 28 days apart and after 12 months of age OR positive Varicella antibody titer ( <u>laboratory report must be attached</u> ). 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. <b>Documentation of disease history does not fulfill the requirement.</b>        |                  |             |                   |              |            |              |   |  |  |  |  |  |  |
| Dose 1 mn   | n/dd/yyyy        | Dose 2 mm/d | d/yyyy            | OR           | Lab report | t confirming | immunity attached                       |  |  |  |  |  |  |

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

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|------------------------------|---|-------|---|-----|-------|---|---|---|---|
| Provider Printed Name        |   | Phone |   |     |       |   |   |   |   |
| Provider Signature/Credentia | ıls                                       | Date  |   |     |       |   |   |   |   |
| •                            | (Must be signed by MD, DO, PA, NP or RN*) |       | m | m/d | d / y | / | у | у | у |

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