



Health Information Services
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614-292-0118 Office / 614-292-7042 Fax
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 STUDENT

Form with fields for Last Name, First, Middle, Date of Birth, University ID Number, and Semester Start (Fall, Spring, Summer 20__).

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

Main vaccination requirement table with sections for Hepatitis B, Measles-Mumps-Rubella (MMR), Meningococcal Conjugate (ACWY), Polio, Tetanus-Diphtheria-Pertussis (Tdap), and Varicella. Includes detailed instructions for each vaccine.

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

First Last

Provider Printed Name

Phone

Provider Signature/Credentials

Date

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

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Office Stamp:

*office stamp required for RN signatures