

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 as a PDF at shs.osu.edu, under “Forms”, under “Vaccination Requirement”.

DOMESTIC and/or HOUSING - Vaccination Requirement

Last Name	First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)	Semester Start (check one): Fall Spring Summer 20_____

DOMESTIC (if applicable)

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

Hepatitis B Three (3) doses of Hepatitis B [at least 28 days between Dose 1 and Dose 2 and at least 20 weeks between Dose 2 and Dose 3] OR blood titer lab report confirming current immunity.				
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy	OR	Lab report confirming immunity attached
Measles-Mumps-Rubella Two (2) doses of MMR OR two (2) doses of Measles, two (2) doses of Mumps, and one (1) dose of Rubella [each dose must be on or after one year (12 months) of age, with at least 28 days between Dose 1 and Dose 2] OR blood titer lab report confirming current immunity for each.				
MMR	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy		
OR				
Measles	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	OR	Lab report confirming immunity attached
Mumps	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	OR	Lab report confirming immunity attached
Rubella	Dose 1 mm/dd/yyyy			
Polio Four (4) doses of IPV or OPV. <i>Only required if you will be younger than eighteen (18) years of age at the start of the semester.</i>				
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy		
Tetanus-Diphtheria-Pertussis (Tdap) One (1) dose of Tdap since age 11 <u>and</u> within the last ten (10) years OR One (1) dose of Tdap since age 11 <u>and</u> one (1) dose of Td within the last 10 years.				
Tdap	mm/dd/yyyy	Td	mm/dd/yyyy	
Varicella Two (2) doses of varicella [each dose must be on or after one year (12 months) of age, with at least 28 days between Dose 1 and Dose 2] OR blood titer lab report confirming current immunity (" <i>history of the disease</i> " is not acceptable, a lab report is required if there is a history of the disease).				
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	OR	Lab report confirming immunity attached	

HOUSING (if applicable)

This vaccine is **required** if you are new to University Housing at The Ohio State University.

Meningococcal conjugate (ACWY) One (1) dose since age 16. Only a dose on or after the 16th birthday will be accepted. The Meningococcal B vaccine does not fulfill this requirement.	
mm/dd/yyyy	

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*)			m m / d d / y y y y

Office Stamp:

**office stamp required for RN signatures*