



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](http://shs.osu.edu), under “Forms”, under “Vaccination Requirement”.

## VACCINATION REQUIREMENT - HOUSING STUDENT

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_____

The following vaccine is required for:

- Ohio State University regional campus students **new to University Housing** (have never before lived in University Housing).
- Ohio State University students who have transferred from a regional campus to the Columbus campus and are **new to University Housing** (have never before lived in University Housing).

*New Ohio State University Columbus Campus students living in University Housing are not required to complete this form. Use the Domestic or International Vaccination Requirement form.*

<b>Meningococcal conjugate (ACWY)</b>	One dose since age 16. Only a dose on or after the 16th birthday will be accepted. Do not complete this form 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/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*