## Immunization Worksheet for 2014-2015

**Immunization Compliance Office**  
**Immunization Worksheet for 2014-2015**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirements</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>3 doses of vaccine or a blood test showing immunity.</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>2 doses of vaccine or a blood test showing immunity.</td>
<td>MMR Dose 1</td>
<td>Measles Dose 1</td>
<td>Mumps Dose 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR MMR Dose 2</td>
<td>Measles Dose 2</td>
<td>Mumps Dose 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td><strong>/</strong>/___ Month Day Year</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 dose since age 16 for all incoming students living in campus housing who are age 21 or younger.</td>
<td>Meningococcal Last Dose</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td></td>
</tr>
<tr>
<td>Tetanus-Diphtheria and Pertussis (Tdap)</td>
<td>Incoming students must have proof of Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine) immunization.</td>
<td>Tdap</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>2 doses of vaccine or history of illness, or a blood test showing immunity.</td>
<td>Varicella Illness</td>
<td><strong>/</strong>/___ Month Day Year</td>
<td></td>
</tr>
</tbody>
</table>

### Health Care Provider Information

<table>
<thead>
<tr>
<th>Provider Name (Please Print):</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Date: <strong>/</strong>/___ Month Day Year</td>
<td>Address:</td>
</tr>
</tbody>
</table>

### Submission Instructions:

**Provider:**

Please provide this completed form and a copy of all original immunization records, including any immunization blood tests showing immunity.

**Student:**

1. Enter the information from this sheet online at [https://shs.upenn.edu](https://shs.upenn.edu). You will need your Penn Key and password to access this site.
2. Fax this **Immunization Worksheet** and all other related documents to Student Health Service (SHS). You will obtain the fax number for SHS when you access the online forms at [https://shs.upenn.edu](https://shs.upenn.edu).

**IMPORTANT!** Faxing your records to us before you enter it online will greatly delay processing. Please go to the above link and complete the online forms before sending your Immunization Worksheet and records.

Please see other side for details on the immunization requirements.
Immunization Requirements
Fall 2014 and Spring 2015

As a condition of enrollment, all full-time students and all students living in campus housing must meet the following requirements. Failure to meet these requirements will result in denial of student registration privileges.

1. **Hepatitis B**
   - 3 doses of Hepatitis B vaccine are required. Doses 1 and 2 must be administered at least 4 weeks apart. Dose 3 must be at least 4-6 months after the 2\textsuperscript{nd} dose. **OR**
   - Blood test showing immunity

2. **Measles, Mumps, Rubella (MMR)**
   - 2 doses of MMR vaccine are required. Dose 1 must be administered after the 1\textsuperscript{st} birthday. Dose 2 must be administered at least 4 weeks after the 1\textsuperscript{st} dose. **OR**
   - Blood test showing immunity

3. **Varicella (Chicken Pox)**
   - 2 doses of varicella (chicken pox) vaccine are required. They must be administered at least 4 weeks apart. **OR**
   - Blood test showing immunity **OR**
   - History of chicken pox illness

4. **Tetanus-Diphtheria-Pertussis (Tdap)**
   - 1 dose of Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine is required.
   -Td (tetanus-diphtheria) vaccine does not satisfy this requirement.

5. **Meningococcal**
   - 1 dose of meningococcal conjugate vaccine (MCV4, such as Menactra or Menveo) administered since age 16 is required of all incoming students living in campus housing who are age 21 or younger.
     - Meningococcal conjugate vaccine is preferred although meningococcal polysaccharide vaccine (MPSV4, such as Menomune) is acceptable.
     - At minimum, serogroups A, C, Y, and W-135 must be covered.
   - Incoming students living on campus who are age 22 or older may submit either proof of vaccination or a Meningococcal Vaccine Waiver.

**Note: Tuberculosis**
- The University performs TB screening of all incoming students using an online TB Risk Screening form.
- If TB testing is indicated by this screening tool, you will be notified by the Immunization Compliance Office for further steps.

**Please note:** Students in health professional programs may have additional immunization requirements. Please check with your program administration.

Please see other side for the Immunization Worksheet