



University of New Hampshire Health & Wellness

4 Pettee Brook Lane, Durham NH 03824 P: 603.862.9355

Immunization Form for First Year Students

(Durham Undergraduate & Graduate, UNHM, Transfer, International Students, UNH Law)

Instructions:

Student:

1. Use this form (once completed) to enter vaccine dates into the ONLINE immunization record located on your patient portal at [My Health & Wellness](#)
2. Upload this form and attachments using the “immunization upload” button once you are in the portal
3. You must enter immunization dates online AND submit a copy of this form through the portal.

Health care provider:

1. Please complete this form to ensure that the patient is compliant with all University of New Hampshire required immunizations

Name: _____	Birthdate (MM/DD/YY): ____/____/____
Preferred Name: _____	
UNH Student ID #: _____	Contact Phone Number: (____) _____

<u>Vaccination</u>	<u>Date 1</u> MM/DD/YYYY	<u>Date 2</u> MM/DD/YYYY		<u>Serology</u>
MMR Vaccine: Two doses required <i>(must be given at least 28 days part beginning on or after 12 months of age)</i> OR laboratory evidence of immunity	/ /	/ /	Measles: Mumps: Rubella:	() Positive Titer <i>(attach copy of report)</i>
Varicella: Two doses of vaccine (doses must be given at least 28 days apart beginning on or after 12 months of age)	/ /	/ /	Verified History of Disease / /	() Positive Titer <i>(attach copy of report)</i>
Tdap: (Tetanus, Diphtheria, acellular pertussis) required within the last 10 years	/ /			
Meningococcal ACWY: one dose required; two doses recommended	/ /	/ /		
Influenza – not required by highly recommended	/ /			
COVID-19 - not required by highly recommended	/ /	/ /	/ /	<u>Manufacturer</u>

Health Care Provider Signature/Stamp (REQUIRED):

Health care provider signature _____ Date: _____