

Immunization Form for Incoming Students (Undergraduate, Graduate, UNHM, Law, Transfer)
Instructions:
Student:

1. Have your health care provider complete this form.
2. Once form is completed, use it to enter vaccine dates into the ONLINE immunization record located on your patient portal at [My Health & Wellness](#).
3. Once you are in the patient portal, upload this form and attachments using the "immunization upload" button.
4. 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> <u>MM/DD/YYYY</u> | <u>Date 2</u> <u>MM/DD/YYYY</u> | <u>Serology</u> |
|--|------------------------------------|------------------------------------|--|
| MMR Vaccine: Two doses required OR laboratory evidence of immunity | / / | / / | () Positive Titer (attach copy of report) |
| Varicella: Two doses of vaccine OR laboratory evidence of immunity Proof of disease not accepted. | / / | / / | () Positive Titer (attach copy of report) |
| Tdap: Required within the last 10 years | / / | | |
| Meningococcal ACWY: One dose required | / / | / / | |
| | | | |

Health care provider signature: _____ Date: _____