

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	/ /	/ /	<input type="checkbox"/> Positive Titer <i>(attach copy of report)</i>
Varicella: Two doses of vaccine OR laboratory evidence of immunity Proof of disease not accepted.	/ /	/ /	<input type="checkbox"/> Positive Titer <i>(attach copy of report)</i>
Tdap: Required within the last 10 years	/ /		
Meningococcal ACWY: One dose required	/ /	/ /	

Health care provider signature: _____ Date: _____