UNIVERSITY OF DAYTON HEALTH REQUIREMENTS
Required by Ohio law and/or University of Dayton. UPLOAD forms to student portal: myhealth.udayton.edu
300 College Park | Dayton, OH 45469-0900 | Phone: 937-229-3131 | Fax: 937-229-3107
Any questions concerning health requirements – visit FAQ: go.udayton.edu/healthcenter

REQUIRED: (information must be submitted to avoid a medical Hold on next class registration.)
Due June 7 for fall semester, January 1 for spring semester.

**MMR (Measles, Mumps, Rubella) VACCINE:** Two doses required for all students born in 1957 or later.

- Dose 1 Given at 12 months or later __/__/__
- Dose 2 Given at least 28 days after first dose __/__/__

*Proof of positive MMR titer results also satisfy the MMR Requirement (attach lab reports).

**CERTIFICATION BY HEALTHCARE PROVIDER** (signature, stamp OR attach records)

- Name/title ________________________________________________  Signature _________________________________  Date ________________
- Address ______________________________________________________________________  Phone #______________________________

**STRONGLY RECOMMENDED:**

Meningitis and Hepatitis B vaccines are strongly recommended.

**HEPATITIS B VACCINE:**

- #1 __/__/__  #2 __/__/__  #3 __/__/__

**MENINGOCOCCAL MENINGITIS VACCINE:**
(At least one dose at age ≥16)

- Dose #1 __/__/__  Dose #2 __/__/__

**MENINGOCOCCAL GROUP B VACCINE:**

☐ Bexsero  ☐ Trumenba

- Dose #1 __/__/__  Dose #2 __/__/__

**RECOMMENDED:**

**Tdap (Tetanus, Diphtheria, Pertussis) VACCINE:**

- Last Booster done __/__/__

**HEPATITIS A VACCINE:**

- #1 __/__/__  #2 __/__/__

**VARICELLA VACCINE:**

- #1 __/__/__  #2 __/__/__

**HPV (Human Papillomavirus) VACCINE:**

- #1 __/__/__  #2 __/__/__  #3 __/__/__

**Polio (4 or 5)**

- #1 __/__/__  #2 __/__/__  #3 __/__/__  #4 __/__/__  #5 __/__/__

The State of Ohio requires that all students who plan to live on campus disclose whether or not they have been vaccinated against meningitis and Hepatitis B or sign the vaccine disclosure statement below.

☐ I have read the information regarding Hepatitis B and meningitis on the CDC website www.cdc.gov/vaccines/hcp/vis/index.html. I understand the risk in not receiving the vaccine and have decided to decline vaccination at this time. Check box and sign.

- Student Signature (required) ________________________________ Date ________________
- Parent or Legal Guardian (if under 18) ________________________________ Date ________________
- Check box if not living in university housing.
Required – Tuberculosis (TB) Questionnaire – Complete All questions and submit.

1. Have you ever had close contact with persons known or suspected to have active TB?  
   ☐ Yes ☐ No

2. Have you been a resident and/or employee in a high-risk setting (e.g., correctional facility, long-term care facility and homeless shelter)?  
   ☐ Yes ☐ No

3. Have you been a volunteer or health care worker who served clients at increased risk for active TB disease?  
   If yes, please explain __________________________________________________________________________________________________

4. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or drug or alcohol abuse?  
   ☐ Yes ☐ No

5. Were you born in one of the countries listed below that have a high incidence of active TB disease or prolonged visits (more than one month)* to one or more of the countries listed below.  
   (If yes, please circle the country)

   *The significance of the travel exposure should be discussed with a health care provider and evaluated.

   Afghanistan  Chad  Djibouti  Bangladesh  Belarus  Belize  Benin  Bhutan  Bolivia (Plurinational State of)  Bosnia and Herzegovina  Botswana  Brazil  Brunei Darussalam  Bulgaria  Burkina Faso  Burundi  Cabo Verde  Cambodia  Cameroon  Central African Republic  Chad  China  China, Hong Kong SAR  China, Macao SAR  Colombia  Comoros  Congo  Cote d’Ivoire  Dem People’s Rep of Korea  Democratic Republic of Congo  Djibouti  Dominican Republic  Ecuador  eSwatini  Ethiopia  Fiji  French Polynesia  Gabon  Gambia  Georgia  Ghana  Greenland  Micronesia (Federated States of)


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   If you answered yes to TB questions 1-5 or circled one or more countries above, the following information is required within one year prior to arrival:

   TB Blood Test (preferred; required if TB skin test is positive)  
   (IGRA such as T-spot or Quantiferon Gold): Negative Positive (attach result)

   Or tuberculin skin test: Date given: / / Date read: / /  
   Result: mm  
   Normal Abnormal (attach result)

   Chest X-ray result (required if tuberculosis skin or blood test is positive):

   Date: / / Normal Abnormal (attach result)

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