

Name (print) _____ Date of Birth $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ Student ID # _____

Phone # _____ Mobile Carrier _____ Email _____

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 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

Dose 2 Given at least 28 days after first dose $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

***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 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #3 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

MENINGOCOCCAL MENINGITIS VACCINE:

(At least one dose at age ≥ 16)

Dose #1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ Dose #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

MENINGOCOCCAL GROUP B VACCINE:

Bexsero Trumenba

Dose #1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ Dose #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

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.

RECOMMENDED:

Tdap (Tetanus, Diphtheria, Pertussis) VACCINE:

Last Booster done $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

HEPATITIS A VACCINE:

#1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

VARICELLA VACCINE:

#1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

HPV (Human Papillomavirus) VACCINE:

#1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #3 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

Polio (4 or 5)

#1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #3 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

#4 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$ #5 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Day}} / \frac{\quad}{\text{Yr}}$

