

University Health Center  
University of Maryland  
College Park, Maryland 20742  
Immunization Information: (301) 314-8139  
Mail to above address or Fax to: (301) 314-5234

For Health Center Use Only

UID# \_\_\_\_\_

Initials \_\_\_\_\_

MMR  MEN \_\_\_\_\_

Cleared \_\_\_\_\_ Prov \_\_\_\_\_

## IMMUNIZATION RECORD

**Form is due August 1<sup>st</sup> (fall semester) and  
January 10<sup>th</sup> (spring semester).**

Incomplete forms will NOT be processed and will be returned for completion.

### SECTION A (REQUIRED): TO BE COMPLETED BY ALL STUDENTS. PRINT LEGIBLY IN BLUE OR BLACK INK.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

University ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Status: U.S. Citizen  Permanent Resident  International

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

PARENTAL PERMIT (FOR STUDENTS UNDER AGE 18) I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and agree to present information concerning his/her medical condition to other responsible university officials when deemed necessary.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

### SECTION B (REQUIRED): TO BE COMPLETED FOR **ALL** STUDENTS born after 1956.

MMR #1 Date: \_\_\_\_\_ and MMR #2 Date: \_\_\_\_\_  
OR

MEASLES: TWO immunizations after 12 months of age.

(Rubeola) Date of Dose 1 \_\_\_\_\_ Date of Dose 2 \_\_\_\_\_  
(Dose 1: 1968 or later and after 12 months of age) History of Disease Not Accepted

MUMPS: Immunization after 12 months of age  
Date of Vaccination \_\_\_\_\_

RUBELLA: Immunization after 12 months of age  
Date of Dose 1 \_\_\_\_\_

IF SUBMITTING LAB TITERS,  
A COPY OF THE LAB TITER REPORT IS REQUIRED.

### SECTION C (RECOMMENDED): (Please record other immunizations you have received)

TETANUS/DIPHTHERIA (within 10 years) Date: \_\_\_\_\_ DATES  
MENINGITIS (see reverse Date: \_\_\_\_\_  
for waiver of meningitis only) DATES

HEPATITIS B #1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

CHICKEN POX #1 \_\_\_\_\_  
(VARIVAX) #2 \_\_\_\_\_

### SECTION D: **REQUIRED FOR INTERNATIONAL STUDENTS.** Complete sections A, B, C, and D.

In addition to requirements in Sections A & B, INTERNATIONAL STUDENTS must document the following:

TUBERCULOSIS TESTING - MUST HAVE PHYSICIAN DOCUMENTATION. Induration *measurement* is required.

a.) T.B. Skin Test within 6 months: Date: \_\_\_\_\_ Result: Induration \_\_\_\_\_ mm. POS \_\_\_\_\_ NEG \_\_\_\_\_

b.) If PPD (TB Skin Test) is positive, a recent chest x-ray is required (within 6 mos). Date: \_\_\_\_\_

Chest X-Ray report (in English) must be reviewed by a Health Center Physician. Call 301.314.8184 for appointment.

### SECTION E: PHYSICIAN SIGNATURE OR DOCUMENTATION REQUIRED FOR EVERYONE.

Physicians Complete Sections B through E.

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN NAME (printed) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**CONTINUE ON REVERSE.**

# IMMUNIZATION RECORD

## About Meningococcal Vaccine

A Meningococcal Vaccine is available for protection against most strains of the bacteria that causes meningitis. Meningitis is inflammation of the covering of the brain and spinal cord that is fatal in 10 - 15 percent of the cases. Although the disease is rare, college students living in dormitories and individuals with weak immune systems can be more susceptible to the disease. The immunization requires one injection in the arm and is 85 - 90 % protective against strains A, C, Y and W-135, but not type B. Most meningococcal diseases in the U.S. are caused by types B or C.

## SECTION F: WAIVER for MENINGOCOCCAL VACCINE (meningitis vaccine)

Vaccine or Waiver Required of All students residing in University of Maryland Housing. See Below for Waiver.

### MENINGITIS VACCINE WAIVER

I understand that under Maryland Law, students enrolled in a Maryland institution of higher education and who reside in on-campus student housing are required to be vaccinated against meningococcal disease, or may seek exemption from this law. I have read the meningitis bulletin available from the University of Maryland Health Center and at [www.health.umd.edu/forms/meningitis.html](http://www.health.umd.edu/forms/meningitis.html) where the risks are detailed. In addition, I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the availability and effectiveness of the vaccine which is available from the University Health Center.

I do not wish to receive the vaccine and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

*To be filled out by student and parent/guardian, if applicable.*

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

UID#: \_\_\_\_\_

*If the student is under age 18, a parent/guardian also must sign this waiver.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (Printed) \_\_\_\_\_ HLTH-601(2.04)

All vaccines are available at the University Health Center for a fee.

### ACCEPTABLE DOCUMENTATION IN LIEU OF PHYSICIAN SIGNATURE:

Copies should be attached to this form with Section A completed.

- A copy of your high school immunization record (in English)
- Personal immunization records from your physician (in English)
- Proof of current or previous active duty status in the U.S. Military will be accepted.
- International Certificate of Vaccination (in English), reflecting the information required in Section B (Section B and D, for International students only).
- Copy of Lab Titer Report for Measles, Mumps, and Rubella

The University of Maryland requires ALL students (including: •credit/non-credit •degree/non-degree seeking •full/part/half-time •undergraduate •graduate •transfer •International •Golden ID or other student status) to provide proof of immunization dates for: Measles, Mumps and Rubella (M.M.R., 2 doses) Immunizations. All International students must document: Measles, Mumps and Rubella (M.M.R., 2 doses) Immunizations *and* Tuberculosis (TB) test completed within the past 6 months.

- Students are permitted to register at the University of Maryland, College Park *prior* to submitting this form for the first semester of enrollment ONLY .
- Failure to submit a completed Immunization Record will result in a Registration Block for the future semester. The Registration Block will be removed *after* the *Immunization Record* has been submitted and processed.

**To confirm that your immunization block has been removed, wait one week after form has been submitted then check [www.testudo.umd.edu](http://www.testudo.umd.edu).**

**(Click on "Records and Registration", then click on "Appointments and Registration Status".)**

IMMUNIZATION EXEMPTIONS: LETTER REQUIRED (ATTACH TO FORM) RELIGIOUS  MEDICAL

**Make a copy of these documents for your personal files.**

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