# Immunization Form for Non-Healthcare Students 2020-2021

**STUDENTS:** Use this page as a guide to complete the Online Immunization Compliance Form on the SHS Portal: [https://shs.upenn.edu](https://shs.upenn.edu). It is recommended to submit your actual immunization records in addition to or instead of this worksheet. **PLEASE NOTE:** IF YOU SUBMIT THIS FORM ALONE AS YOUR PROOF OF IMMUNIZATION HISTORY, IT MUST BE SIGNED OR STAMPED BY YOUR MEDICAL PROVIDER. IF THIS FORM IS SUBMITTED WITHOUT A MEDICAL PROVIDER’S SIGNATURE OR STAMP, IT WILL NOT BE ACCEPTED.

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME (and optional preferred name):</th>
<th>DATE OF BIRTH (MM/DD/YYYY):</th>
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<tr>
<th>EMAIL ADDRESS:</th>
<th>PENN IDENTIFICATION NUMBER (8 digits if known):</th>
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### MMR
2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. ADMINISTERED AFTER 1ST BIRTHDAY

- OR -

### Measles (Rubeola)
2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY

- OR -

### Mumps
2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY

- OR -

### Rubella (German Measles)
1 DOSE REQUIRED. MUST BE ADMINISTERED AFTER 1ST BIRTHDAY

- OR -

### Hepatitis B
3 DOSES REQUIRED

- OR -

### Tetanus-Diphtheria-Pertussis (Tdap)
ONE-TIME DOSE AFTER AGE 10 (ADACEL OR BOOSTRIX)

### Varicella (Chicken Pox)
2 DOSES REQUIRED OR DATE OF ILLNESS

### Meningococcal ACYW-135
DOSE SINCE AGE 16 IF 21 OR YOUNGER LIVING IN CAMPUS HOUSING

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THE VACCINES LISTED BELOW ARE RECOMMENDED BASED ON AGE OR DISEASE CRITERIA. PLEASE CHECK WITH YOUR CLINICIAN.

### Hepatitis A

- OR -

### HPV (Human Papillomavirus)

### Other

- OR -

### Other

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***INFLUENZA VACCINE RECOMMENDED ANNUALLY***

### Other

- OR -

### Other

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***SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE***

**Provider Name (Please Print):**

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**Address:**

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| Date |

| Signature |
| Clinical or Organization Stamp |