



**Please Be Advised:** This form is to be completed by a medical provider. Most requirements should be completed *before* arriving on campus, as SHS Immunization appointments are limited.

**Immunization Form for Healthcare Professional (HCP) Students- Fall 2021**

**Students: See Step 3 of Instructions page for entering the information of this page to the SHS Portal at shs.upenn.edu**

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
EMAIL		PENN IDENTIFICATION NUMBER (8 digits if known)

<b>REQUIRED</b>	<b>Hepatitis B</b> 3 DOSES REQUIRED	DOSE #1	DOSE #2	DOSE #3	<b>AND LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)</b>	
	<b>MMR</b> 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. ADMINISTERED AFTER 1 <sup>ST</sup> BIRTHDAY	DOSE #1		DOSE #2		
	<b>—OR—</b>					
	<b>Measles (Rubeola)</b> 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1 <sup>ST</sup> BIRTHDAY	DOSE #1	DOSE #2		<b>OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)</b>	
	<b>Mumps</b> 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1 <sup>ST</sup> BIRTHDAY	DOSE #1	DOSE #2		<b>OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)</b>	
	<b>Rubella (German Measles)</b> 1 DOSE REQUIRED. MUST BE ADMINISTERED AFTER 1 <sup>ST</sup> BIRTHDAY	DOSE #1		<b>OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)</b>		
	<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> ONE-TIME DOSE AFTER AGE 10 (ADACEL OR BOOSTRIX)	TDAP DATE	<b>Circle One: Tdap or Td</b> (IF TDAP IS GREATER THAN 10 YEARS)			LAST BOOSTER DATE
	<b>Varicella (Chicken Pox)</b> 2 DOSES REQUIRED OR HISTORY OF ILLNESS ACCEPTED WITH POSITIVE TITER	DOSE #1	DOSE #2	<b>OR</b>	<input type="checkbox"/>	<b>TITER REQUIRED IF BOX IS CHECKED UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)</b>
	<b>Meningococcal ACYW-135</b> DOSE SINCE AGE 16 IF 21 OR YOUNGER LIVING IN CAMPUS HOUSING	LAST DOSE		LIST VACCINE NAME OR SEROGROUPS COVERED: _____		
	<b>Tuberculosis 1<sup>ST</sup> Step PPD or IGRA Blood Test</b> INCOMING STUDENTS ARE REQUIRED TO HAVE A 2-STEP PPD. ONLY THE FIRST STEP IS ACCEPTED FROM A USA PROVIDER IN LAST 12 MONTHS. 2 <sup>ND</sup> STEP MUST BE ON CAMPUS. OR IGRA BLOOD TEST (Quantiferon TB Gold, T-Spot- TB), (TAKES THE PLACE OF 2- STEP PPD) ACCEPTED IN LAST 6 MONTHS OF ENTRANCE), <b>UPLOAD (LABORATORY EVIDENCE)</b>	DATE PLACED		DATE READ	SIZE (IN mm)	
<b>COVID 19 (Sars-CoV-2)</b>	VACCINE NAME			DOSE #1	DOSE #2	
<b>Influenza (not due until fall, please attend flu clinic in October)</b>						

<b>RECOMMENDED</b>	THE VACCINES LISTED BELOW ARE RECOMMENDED BASED ON AGE OR DISEASE CRITERIA. PLEASE CHECK WITH YOUR CLINICIAN.					
	<b>Hepatitis A</b>	DOSE #1		DOSE #2		
	<b>HPV (Human Papillomavirus)</b> <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9	DOSE #1	DOSE #2	DOSE #3		

<b>PROVIDER INFORMATION</b>	***SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE***		
	<b>Provider Name (Please Print)</b>		<b>Title</b>
	<b>Address</b>	<b>Phone</b>	<b>Date</b>
	<b>Signature</b>	<b>Clinical or Organization Stamp</b>	