



University of Cincinnati Standardized Immunization Form

General Population and International Student Requirements

First Name		Last Name	
M#		DOB	
UC Email		Phone #	

REQUIRED IMMUNIZATIONS

MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and (2) doses of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. Choose only one option.

Option 1	Vaccine	Date
MMR - 2 doses of MMR vaccine	MMR Dose #1	
	MMR Dose #2	
Option 2	Vaccine or Test	Date
Measles - 2 doses of vaccine or positive serology	Measles Vaccine Dose #1	
	Measles Vaccine Dose #2	
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Mumps - 2 doses of vaccine or positive serology	Mumps Vaccine Dose #1	
	Mumps Vaccine Dose #2	
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Rubella - 2 doses of vaccine or positive serology	Rubella Vaccine Dose #1	
	Rubella Vaccine Dose #2	
	Serologic Immunity (IgG antibody titer)	Qualitative Titer Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative

Tetanus-diphtheria-pertussis – One (1) dose of adult Tdap within the past 10 years.

	Date
Tdap Vaccine (Adacel, Boostrix, etc)	

Varicella (Chicken Pox) - 2 doses of vaccine or positive serology

	Date
Varicella Vaccine Dose #1	
Varicella Vaccine Dose #2	
Serologic Immunity (IgG antibody titer)	Qualitative Titer Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative

Meningococcal conjugate (ACWY) – one dose given on or after 16th birthday if student will be younger than 22 years of age at the start of their first semester with UC

	Date
Dose given before age 16 (recommended)	Meningococcal conjugate (ACWY) Vaccine
Dose given age 16 or later (required)	Meningococcal conjugate (ACWY) Vaccine

Hepatitis B - 3 doses of Engerix-B, PreHevbrio, Recombivax or Twinrix vaccines or 2 doses of Heplisav-B vaccine OR a Hepatitis B Surface Antibody test showing immunity (titer >10mIU/mL is positive).

Option 1	Vaccine	3 Dose Series Date	2 Dose Series Date
Primary Hepatitis B Series - 3-dose vaccine (Engerix-B, PreHevbrio, Recombivax, Twinrix) or 2-dose vaccine (Heplisav-B)	Hepatitis B Vaccine Dose #1		
	Hepatitis B Vaccine Dose #2		
	Hepatitis B Vaccine Dose #3		
Option 2	Antibody Test	Date	
Hep B Surface Antibody test	Serologic Immunity (HBsAB titer)	Qualitative Titer Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	



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RECOMMENDED IMMUNIZATIONS

Serogroup B meningococcal (MenB) vaccine - 2 doses of vaccine		Date
Select vaccine type: <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexsero	MenB Vaccine Dose #1	
	MenB Vaccine Dose #2	
Influenza - One (1) dose annually each Fall		Date
	Influenza Vaccine	
Hepatitis A - 2 doses of vaccine		Date
	Hep A Vaccine Dose #1	
	Hep A Vaccine Dose #2	
Polio - 4 doses of vaccine		Date
	Polio Vaccine Dose #1	
	Polio Vaccine Dose #2	
	Polio Vaccine Dose #3	
	Polio Vaccine Dose #4	
Human papilloma virus (HPV) - 3 doses of vaccine, or 2 doses if series started prior to age 15		Date
	HPV Vaccine Dose #1	
	HPV Vaccine Dose #2	
	HPV Vaccine Dose #3	
Coronavirus (Covid-19) - most recent dose		Date
	Covid-19 Vaccine	

MUST BE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL OR DESIGNEE:

Healthcare Professional Signature		Date
Printed Name		Office Stamp
NPI #		
Title		
Street Address		
City, State, Zip Code		
Phone Number	(____) ____-____ Ext. ____	
Fax Number	(____) ____-____	