Immunization Record

Page 3 of 4: University of Dallas Health Form

These guidelines follow those outlined by the American College Health Association (ACHA) for "Institutional Prematriculation Immunizations" and the Texas Department of State Health Services. Immunizations should be completed **PRIOR** to registration. Please fill out the form **COMPLETELY**.

Students seeking an **exemption** for those vaccines **REQUIRED** by the state of Texas must submit an exemption form from the Texas Department of State Health Services to the University of Dallas. A secure online request form for an exemption affidavit from the State of Texas is available at https://corequest.dshs.texas.gov/

Last Name _____ **First Name**_____ **MI**_____ **DOB**_____

REQUIRED Vaccines		***Enter complete date (mo/day/yr)***				
Hepatitis B	Hep B or Hep A/B	1.	2.	3.	*or date of titer:*	
					or date of disease:	
Meningococcal (if < 22 yrs old)	MCV-4 (A,C,W,Y)	1.	2.	(last dose within 5 yrs)		
Tetanus-Diphtheria-Pertussis	DTaP/DTP	1.	2.	3.	4.	5.
Tetanus booster	Td/Tdap **(circle)**	1.	(within 10 years)			

RECOMMENDED Vaccines		***Enter complete date (mo/day/yr)***				
Polio	OPV/IPV	1.	2.	3.	4.	5.
Measles/Mumps/Rubella	MMR	1.	2.			
Chickenpox	Varicella	1.	2.		*or date of titer:*	
					or date of disease:	
Hepatitis A	Hep A or Hep A/B	1.	2.	3.	*or date of disease:*	
Human Papilloma Virus	HPV 4- or 9-valent	1.	2.	3.		
Meningococcal serogroup B	Trumenba or Bexsero **(circle)**	1.	2.	3.		
Pneumococcal	PCV13 or PPSV23					
Influenza	TIV/LAIV					
Other						

Tuberculosis Screening (only if student at risk)

PPD ***or*** Date: _____ Result: ____ mm Negative ( ) Positive ( )

Quanti-FERON-TB Date: _____ Result: titer _____ Negative ( ) Positive ( )

If either test positive, CXR required: Date: _____ Results: Normal ( ) Abnormal ( )

Treatment: _____

To the best of my knowledge, the person named above has received the immunizations listed on this form.

HEALTH CARE PROVIDER SIGNATURE

Printed Name | Signature | Date

Address | City/State | Zip code | Phone Number