

University of Notre Dame Immunization Form

Enter info and upload records on Online Student Health (nd.medicatconnect.com)

Last name: _____ First name: _____ Middle initial: _____
 Date of birth: ___/___/___ ND ID #: _____ Student cell phone: _____
 Emergency contact name: _____ Emergency contact phone: _____

REQUIRED IMMUNIZATIONS (dates must be in MM/DD/YY format)

MMR (Measles, Mumps, Rubella)		Date #1	Date #2	
OR	Measles (Rubeola) Or attach lab report showing immunity	Date #1	Date #2	
	Mumps Or attach lab report showing immunity	Date #1	Date #2	
	Rubella (German Measles) Or attach lab report showing immunity	Date		
Tetanus-Diphtheria-Pertussis (Tdap)		Tdap (at or after age 10) Date		Td (if Tdap was received >10 years ago) Date
Meningococcal, quadrivalent –1 dose after age 16 All students under age 21 and living on campus		Date	Name of Vaccine	
Hepatitis B Or attach lab report showing immunity		Date #1	Date #2	Date #3
Varicella (Chicken Pox) Or attach lab report showing immunity; or provider documentation of disease; or birth before 1980		Date #1	Date #2	Or Date of Disease ___/___ (MM/YY)

ADDITIONAL IMMUNIZATION HISTORY (helpful for future travel abroad)

Meningitis B (doesn't satisfy above requirement)	Date #1	Date #2	Date #3 if applicable	Name of Vaccine
HPV	Date #1	Date #2	Date #3	Name of Vaccine
Japanese Encephalitis	Date #1		Date #2	Booster Date
Rabies	Date #1		Date #2	Date #3
Pneumococcal	Date		Name of Vaccine	
Hepatitis A	Date #1		Date #2	
Typhoid	Date		__ Injectable __ Oral	
Yellow Fever	Date			
Polio, adult booster	Date			

Health Provider signature: _____

Date: _____

Signing provider verifies accuracy of above info

Health provider name (please print): _____

Address: _____

Phone: _____

**Clinic
stamp**



AUTHORIZATION FOR CARE IF STUDENT IS UNDER AGE 18: I authorize, at the discretion of the UHS personnel, medical and surgical care including but not limited to: examinations, treatments, and immunizations for my child. In the event of serious disease or injury or need for major surgery, all reasonable efforts will be made to contact me, but failure to make contact will not prevent emergency treatment necessary to preserve life or health.

Parent/Guardian signature: _____

Date: _____