



University of Notre Dame Immunization Form
 Enter info and upload records/lab results at Online Student Health
 (nd.studenthealthportal.com)

Last name: _____ First name: _____ Date of birth: __/__/__ ND ID #: _____

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

Make sure to complete this form and the "Covid Vaccination – Student" Form found under "My Forms" on the portal

Hepatitis B Or attach lab report showing immunity	Date #1	Date #2	Date #3 if applicable	Name of Vaccine
Meningococcal, (ACYW) - after age 16; All students under age 21 living on campus	Date	Name of Vaccine		
MMR (Measles, Mumps, Rubella) Or attach lab report showing immunity	Date #1	Date #2		
Tetanus-Diphtheria-Pertussis (Tdap)	Tdap (at or after age 10) Date		Td (if Tdap was received >10 years ago) Date	
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)	

***Tuberculosis Screening is required for students from countries with high incidence, you will be contacted via email by University Health Services upon arrival to campus

ADDITIONAL IMMUNIZATION HISTORY (helpful for future travel abroad)

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