



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		Serology Results
	Measles Vaccine Dose #2		
	Serologic Immunity (IgG antibody titer)		
Mumps - 2 doses of vaccine or positive serology	Mumps Vaccine Dose #1		Serology Results
	Mumps Vaccine Dose #2		
	Serologic Immunity (IgG antibody titer)		
Rubella - 2 doses of vaccine or positive serology	Rubella Vaccine Dose #1		Serology Results
	Rubella Vaccine Dose #2		
	Serologic Immunity (IgG antibody titer)		
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		Serology Results
	Varicella Vaccine Dose #2		
	Serologic Immunity (IgG antibody titer)		
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	
	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	Date	
Primary Hepatitis B Series - 3-dose vaccine (Engerix-B, PreHevbrio, Recombivax, Twinrix) or 2-dose vaccine (Heplisav-B)		3 Dose Series	2 Dose Series
	Hepatitis B Vaccine Dose #1		
	Hepatitis B Vaccine Dose #2		
	Hepatitis B Vaccine Dose #3		
Option 2	Antibody Test	Date	
Hepatitis B Surface Antibody Test	Serologic Immunity (HBSAB antibody titer)	Serology Results	
		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 (Fluzone, Flublok)		
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) - primary series of 2 doses and booster dose		Date	
	Covid-19 Vaccine Dose #1		
	Covid-19 Vaccine Dose #2		
	Covid-19 Bivalent Vaccine		

MUST BE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL OR DESIGNEE:

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