

# 2019 UNIVERSITY OF WASHINGTON IMMUNITY VERIFICATION FORM

Review attached instructions and submit via [measles.washington.edu](http://measles.washington.edu)

**Note: Health Sciences students follow a separate process outlined at [measles.washington.edu](http://measles.washington.edu)**

## 1. STUDENT INFORMATION

Last name:		First name:	Middle initial:
Date of birth (MM/DD/YYYY):		Age:	7-digit UW student ID:
UW email:	Other email:	Entering quarter and year:	

## 2. CHOOSE YOUR CAMPUS AND/OR SPECIAL PROGRAMS

Seattle <input type="checkbox"/>	Tacoma <input type="checkbox"/>	Bothell <input type="checkbox"/>	Check if you are an IELP student <input type="checkbox"/>
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## 3. REQUIRED VACCINATIONS FOR ALL STUDENTS BORN AFTER 1957

Vaccine	Dose 1 date: (MM/DD/YYYY)	Dose 2 date: (MM/DD/YYYY)	Alternative documentation
<b>Measles:</b> MMR <input type="checkbox"/> ME <input type="checkbox"/> MM <input type="checkbox"/> MR <input type="checkbox"/> MMRV <input type="checkbox"/>			<i>OR upload lab test results showing immunity to measles (rubeola NOT rubella) and mumps</i>
<b>Mumps:</b> MMR <input type="checkbox"/> MM <input type="checkbox"/> MMRV <input type="checkbox"/> Mumps <input type="checkbox"/>			

## 4. REQUIRED VACCINATIONS FOR STUDENTS 22 YEARS OLD AND YOUNGER ONLY

Vaccine	Age at last vaccination	Date given (MM/DD/YYYY)
<b>Meningococcal meningitis A, C, W, and Y:</b> MCV4 <input type="checkbox"/> MenACWY-CRM <input type="checkbox"/> MenACWY-D <input type="checkbox"/>		

## 5. OPTIONAL FOR UW-SEATTLE STUDENTS: CONSENT TO CREATE AN ONLINE HEALTH RECORD

**Instructions: Sign below to consent to the recording of your immunization information in a Hall Health medical record. No electronic signatures. Leave blank to withhold consent.**

Student signature (for students 18 years or older):	Date:
Parent/guardian printed name:	Parent/guardian phone:

## 6. SIGNATURE OF HEALTHCARE PROVIDER (REQUIRED IF NO DOCUMENTATION ATTACHED)

**Instructions: If you do not upload a document showing your immunity, a healthcare provider must complete the section below to verify all dates and vaccines. Please print and/or use clinic stamp.**

Signature of healthcare professional:	Date:	
Healthcare professional name, licensure, and address:		
Phone:	Email:	Fax:

## 2019 UW IMMUNITY VERIFICATION FORM INSTRUCTIONS

### 1. STUDENT INFORMATION

- a. Please provide the legal name under which you are enrolled. If the immunization records you provide do not show your current legal name, you must submit name change documentation (marriage certificate, or legal name change documentation).
- b. Your UW Student ID number is seven numbers, no letters, not to be confused with your UW NetID.

Note that all communication regarding the immunity verification will be sent to your UW email, and not your personal email.

### 2. CHOOSE YOUR CAMPUS AND/OR SPECIAL PROGRAM

- a. International English Language Program students should check yes

### 3. REQUIRED VACCINATIONS FOR STUDENTS BORN AFTER 1957

- a. All students born after 1957 must provide proof of immunity to both measles and mumps, through one of the following options:
  - i. Measles – Evidence of 2 doses of vaccine given 28 days apart at 12 months of age or older OR evidence of a blood test (titer)
  - ii. Mumps - Evidence of 2 doses of vaccine given 28 days apart at 12 months of age or older OR evidence of a blood test (titer)
- b. The following vaccines may be used to satisfy the requirement:
  - i. ME or MV – measles only
  - ii. Mumps – mumps only
  - iii. MM – measles and mumps
  - iv. MMR – measles, mumps, and rubella
  - v. MMRV – measles, mumps, rubella, and varicella
- c. While most people vaccinated in the US will have received the MMR (measles, mumps, and rubella) vaccine, you do not need to provide proof of rubella.

### 4. REQUIRED VACCINATION FOR STUDENTS 22 OR YOUNGER

- a. All students who are 22 or younger as of the first day of the quarter must provide proof of immunization against meningococcal meningitis A, C, W, and Y. The most recent dose must have been administered when you were between the ages of 16 and 22. If you were last vaccinated before the age of 16, you will need to get a booster shot.
- b. **The following vaccines may be used to satisfy the requirement:**
  - i. MCV4 – meningococcal conjugate vaccine (quadrivalent)
  - ii. MenACWY-CRM – meningococcal conjugate vaccine (quadrivalent)
  - iii. MenACWY-D – meningococcal conjugate vaccine (quadrivalent)

### 5. OPTIONAL FOR UW-SEATTLE STUDENTS: CONSENT TO CREATE AN ONLINE HEALTH RECORD

- a. For students who are under 18 at the time of submission, a parent/guardian should sign
- b. Seattle students who choose yes will be able to access their immunization records in the future through Hall Health. Note that if you do not choose yes, UW will not retain your records and you will not be able to request them at a future date.

### 6. SIGNATURE OF A LICENSED HEALTHCARE PROFESSIONAL

- a. If you do not provide medical records or a lab report showing proof of immunity, you will need a signature of a licensed healthcare professional. **Providers must sign by hand and provide contact information. Licensed healthcare professionals include:**
  - > CLT - Clinical Lab Technician
  - > DO - Doctor of Osteopathy
  - > MD - Medical Doctor
  - > NP - Nurse Practitioner
  - > ND - Naturopathic Doctor
  - > PA - Physician Assistant
  - > RN - Registered Nurse
  - > RN-C - Registered Nurse Certified
  - > RPh - Registered Pharmacist