UChicago Student Wellness

IMMUNIZATION FORM FOR NON-MEDICAL STUDENTS - 2025-26

LAST NAME:	FIRST NAME:		MI:
STUDENT ID (8-DIGITS):	DATE OF BIRTH:	SEX AT BIRTH: ☐ FEMALE ☐ MALE	
PHONE NUMBER:	E-MAIL:		
FIRST QUARTER ATTENDING: AUTUMN WINTER SPRING SUMMER			

BELOW SECTIONS TO BE COMPLETED BY A HEALTHCARE PROVIDER. DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

REQUIRED VACCINES

MMR (COMBINED MEASLES, MUMPS, RUBELLA) - 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. - STUDENTS BORN ON OR BEFORE 1/1/57 DO NOT HAVE PROVIDE IMMUNITY FOR MMR.	DOSE #1 DATE (ON OR AFTER FIRST BIRTHDAY & AFTER 1/1/68):	DOSE #2 DATE (AT LEAST 28 DAYS AFTER FIRST MMR DOSE):	
OR PROVIDE THE FOLLOWING:			
Measles (Rubeola) 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AFTER 1/1/68, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)
Mumps 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)
Rubella (German Measles) 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)
Tetanus/Diphtheria/Pertussis 3 DOSES OF DTP, DPT, DTaP, DT, Td, OR Tdap ARE REQUIRED. - ONE DOSE MUST BE Tdap. - THE FIRST TWO DOSES MUST BE AT LEAST 28 DAYS APART. - LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO THE TERM OF CURRENT ENROLLMENT. - TETANUS TOXOID IS NOT ACCEPTABLE IN FULFILLING THIS REQUIREMENT.			
Tdap DATE:	DTP, DPT, DTaP, TD, DT, OR Tdap DATE: (PLEASE CIRCLE THE TYPE OF DOSE)	DTP, DPT, DTaP, TD, DT, OR Tdap DATE: (PLEASE CIRCLE THE TYPE OF DOSE)	
Meningococcal Conjugate - REQUIRED FOR ALL NEW STUDENTS UNDER THE AGE OF 22. - ONE DOSE MUST HAVE BEEN GIVEN ON OR AFTER 16TH BIRTHDAY.			VACCINE DATE:

SIGNTURE OF HEALTH PROVIDER **SIGNING PROVIDER IS VERIFYING ALL DATES ARE ACCURATE** DATE

HEALTHCARE PROVIDER NAME (PLEASE PRINT OR USE CLINIC STAMP) ADDRESS

TELEPHONE NUMBER FAX NUMBER

The University of Chicago
Student Wellness Center, 840 East 59th Street, Chicago, Illinois 60637 773.834.9355 wellness.uchicago.edu