

Name (print) _____ Date of Birth / / Student ID _____
Mo Day Yr

Phone # _____ Email _____

UNIVERSITY OF DAYTON HEALTH REQUIREMENTS

Required by Ohio law and/or University of Dayton.

300 College Park | Dayton, OH 45469-0900 | Phone: 937-229-3131 | Fax: 937-229-3107 | myhealth.udayton.edu

REQUIRED: (information must be submitted to avoid a medical Hold on class registration.)

Due July 14 for fall semester, January 1 for spring semester.

MMR (Measles, Mumps, Rubella) VACCINE: Two doses required for all students born in 1957 or later.

Dose 1 Given at 12 months or later / / Dose 2 Given at least 28 days after first dose / /
Mo Day Yr Mo Day Yr

*Proof of positive MMR titer results also satisfy the MMR Requirement (attach lab reports).

CERTIFICATION BY HEALTHCARE PROVIDER (signature, stamp or attached record)

Name/title _____ Signature _____ Date _____

Address _____ Phone _____

STRONGLY RECOMMENDED:

Meningitis and Hepatitis B vaccines are strongly recommended.

HEPATITIS B VACCINE:

#1 / / #2 / / #3 / /
Mo Day Yr Mo Day Yr Mo Day Yr

MENINGOCOCCAL MENINGITIS VACCINE:

(At least one dose at age ≥ 16)

Dose #1 / / Dose #2 / /
Mo Day Yr Mo Day Yr

MENINGOCOCCAL GROUP B VACCINE:

Bexsero Trumenba

Dose #1 / / Dose #2 / /
Mo Day Yr Mo Day Yr

The State of Ohio **requires** that all students who plan to live on campus disclose whether or not they have been vaccinated against meningitis and Hepatitis B or sign the vaccine disclosure statement below

I have read the information regarding Hepatitis B and meningitis on the CDC website www.cdc.gov/vaccines/hcp/vis/index.html. I understand the risk in not receiving the vaccine and have decided to decline vaccination at this time.

Student Signature (required) _____ Date _____

Parent or Legal Guardian (if under 18) _____ Date _____

RECOMMENDED:

Tdap (Tetanus, Diphtheria, Pertussis) VACCINE:

Last Booster done / /
Mo Day Yr

HEPATITIS A VACCINE:

#1 / / #2 / /
Mo Day Yr Mo Day Yr

VARICELLA VACCINE:

#1 / / #2 / /
Mo Day Yr Mo Day Yr

HPV (Human Papillomavirus) VACCINE:

#1 / / #2 / / #3 / /
Mo Day Yr Mo Day Yr Mo Day Yr

Polio

#1 / / #2 / / #3 / /
Mo Day Yr Mo Day Yr Mo Day Yr

#4 / / #5 / /
Mo Day Yr Mo Day Yr

