

# University of Wisconsin-Milwaukee Norris Health Center

## A Division of Student Affairs

P.O. Box 413

Milwaukee, WI 53201

PHONE: 414-229-4716 FAX: 414-229-6608

Email: immunizations@uwm.edu

## UNIVERSITY RECOMMENDED IMMUNIZATION RECORD 2008-2009

Welcome to University of Wisconsin-Milwaukee (UWM). The Norris Health Center (NHC) provides students with a broad range of primary care, health promotion and disease prevention services. The NHC website provides helpful details: [www.nhc.uwm.edu](http://www.nhc.uwm.edu).

University of Wisconsin-Milwaukee **strongly recommends** all newly admitted or readmitted (after a two or more year absence from the university) undergraduate, graduate, professional and transfer students submit an immunization record. The Centers for Disease Control now also recommends vaccinations specifically targeted to college students and their guidelines can be found at <http://www.cdc.gov/vaccines/recs/schedules/teen-schedule.htm#vacc>. Most state laws include requirements of proof of immunizations to elementary schools and due to outbreaks on college campuses of pertussis and mumps in recent years it is clear how important getting vaccines and providing this information to the university health center is for a college student. It helps NHC provide better care to you and serves to document immunizations that you may need for travel or future employment. The more members of the campus community who are immunized the better protected we all are both during an outbreak and in our everyday life.

Please submit proof of the following:

- **Tetanus-Diphtheria-Pertussis (Tdap) Booster (preferred) or Tetanus-Diphtheria (Td) booster within 5 years**  
Recent recommendations for young adults under age 19 are for 1 booster dose of Tdap if they have not received a Td within the past 5 years. Adults 19-24 should substitute next booster when due with Tdap. Details can be found at <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-tdap.pdf>.
- **2 MMR (measles, mumps, rubella) Vaccines OR 2 Measles, 2 mumps and 2 rubella Vaccines**  
Dose 1 on or after the first birthday; Dose 2 must be at least one month after the 1<sup>st</sup> dose. Prior to 1989 vaccines were more commonly administered as individual doses. If immunization date is not available, a laboratory report of a blood test (titer) showing immunity will be accepted.  
As of 5/17/06 CDC recommends for all college students regardless of birthdate 2 MMR vaccines.
- **History of Chickenpox Disease OR 2 Varicella Vaccines OR Positive Blood Titer**
- **1 Meningococcal Vaccine (MCV4 preferred)**  
Highly recommended for all individuals under age 19 and a priority for freshmen living in residence halls
- **3 Hepatitis B Vaccines**

If your immunizations are incomplete see your healthcare provider or local health department to get any recommended immunizations. You may contact NHC at 414-229-4716 to schedule an appointment starting one week prior to the first day of class for any necessary immunizations and tests if these are unavailable to you prior to your arrival on campus.

The information you submit will be maintained by Norris Health Center and will not be released to anyone without your knowledge and consent.

**HEALTH SCIENCE AND NURSING STUDENTS** may be required by their department to receive additional immunizations. **Contact your department for specifications.**

**RESIDENTIAL STUDENTS** according to Wisconsin law (SS 36.25(46)) are required to affirm whether they have received vaccination against meningococcal disease and hepatitis B and to provide dates of vaccine if available. You will be asked again at housing registration for this information to be submitted electronically if you live in UWM residential living space.

Please return your completed forms to the address noted above 10 days prior to the start of your first session/term or immediately upon your arrival at UWM. Please send Attn: Medical Records.

**Questions may be directed to: [immunizations@uwm.edu](mailto:immunizations@uwm.edu)**

**BEFORE SUBMITTING THESE FORMS, MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.**

UWM Norris Health Center

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Milwaukee, WI 53201-0413
Phone: (414) 229-4716 Fax: (414) 229-6608

Self-Reported Immunization Record 2008/2009

NHC use only Date Received \_\_\_/\_\_\_/\_\_\_
MMR#1 \_\_\_#2\_\_\_ Tdap/Td \_\_\_ Varicella#1 \_\_\_#2\_\_\_
HepB#1 \_\_\_#2\_\_\_#3\_\_\_ MCV4/MPSV4 \_\_\_
Complete Y N Entered Y N
Reviewed by: \_\_\_\_\_

All newly admitted or readmitted students (after a two or more year absence from the University) are urged to return this completed form to Norris Health Center at the address above within 30 days of the start of the session/term of enrollment.

LAST NAME (print) FIRST NAME MIDDLE GENDER: M F
DATE OF BIRTH COUNTRY OF BIRTH PANTHER ID# UWM EMAIL
PERMANENT ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

REGISTERING AS (circle): UNDERGRAD GRAD SEMESTER/TERM ENTERING (circle): FALL SPRING SUMMER WINTERIM ENTRANCE YEAR

RECOMMENDED IMMUNIZATIONS

Please complete this form as soon as possible and then immediately make a copy for your records. You may obtain dates/documentation from your health care provider or previous school records. If documentation is unavailable, a laboratory report of a blood test (titer) to determine level of immunity or re-immunization is recommended. Immunizations and titers are available at the UWM Norris Health Center for a fee. Call (414) 229-4716 for an appointment.

1. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) or Td Tdap is the preferred vaccine and includes pertussis.

Tdap or Td (circle) within 5 years Booster: \_\_\_/\_\_\_/\_\_\_
(mon) (day) (year)

2. MMR (measles, mumps, rubella)

Immunization with two doses of MMR, given on or after first birthday and separated by at least one month

MMR #1 \_\_\_/\_\_\_/\_\_\_ MMR #2 \_\_\_/\_\_\_/\_\_\_
(mon) (day) (year) (mon) (day) (year)

OR

Measles #1 \_\_\_/\_\_\_/\_\_\_ Measles #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_
(mon) (day) (year) (mon) (day) (year)
Mumps #1 \_\_\_/\_\_\_/\_\_\_ Mumps #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_
(mon) (day) (year) (mon) (day) (year)
Rubella#1 \_\_\_/\_\_\_/\_\_\_ Rubella #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_
(mon) (day) (year) (mon) (day) (year)

3. VARICELLA

History of chickenpox disease, immunizations or positive titer

Date of Chickenpox Disease \_\_\_/\_\_\_/\_\_\_ OR attached lab report showing positive immunity \_\_\_
(mon) (year)

OR

Varicella #1 \_\_\_/\_\_\_/\_\_\_ Varicella #2 \_\_\_/\_\_\_/\_\_\_
(mon) (day) (year) (mon) (day) (year)

4. HEPATITIS B

Series of 3 doses: 0, 1, 6 months

Hepatitis B #1: \_\_\_/\_\_\_/\_\_\_ Hepatitis B #2: \_\_\_/\_\_\_/\_\_\_ Hepatitis B #3: \_\_\_/\_\_\_/\_\_\_
(mon) (day) (year) (mon) (day) (year) (mon) (day) (year)

5. MENINGOCOCCAL (MCV4 or MPSV4) MCV4 is the preferred vaccine up to age 55

Highly recommended for young adults up to age 19 and ALL freshmen living in residence halls

MCV4 or MPSV4 (circle): \_\_\_/\_\_\_/\_\_\_
(mon) (day) (year)

I HAVE READ AND UNDERSTAND THE IMMUNIZATION RECOMMENDATIONS OF THIS FORM AND THE ENCLOSED INFORMATION. This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at University of Wisconsin-Milwaukee.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_