



Please Be Advised: This form is to be completed by a medical provider. Most requirements should be completed *before* arriving on campus, as SHS Immunization appointments are limited.

Immunization Form for Non-Healthcare Students- Fall 2021

Students: See Step 3 of Instructions page for entering the information of this page to the SHS Portal at shs.upenn.edu

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
EMAIL		PENN IDENTIFICATION NUMBER (8 digits if known)

REQUIRED	Hepatitis B 3 DOSES REQUIRED	DOSE #1	DOSE #2	DOSE #3	AND LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)	
	MMR 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. ADMINISTERED AFTER 1 ST BIRTHDAY	DOSE #1		DOSE #2		
	—OR—					
	Measles (Rubeola) 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1 ST BIRTHDAY	DOSE #1	DOSE #2		OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)	
	Mumps 2 DOSES REQUIRED. MUST BE ADMINISTERED AFTER 1 ST BIRTHDAY	DOSE #1	DOSE #2		OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)	
	Rubella (German Measles) 1 DOSE REQUIRED. MUST BE ADMINISTERED AFTER 1 ST BIRTHDAY	DOSE #1		OR LABORATORY EVIDENCE OF IMMUNITY UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)		
	Tetanus-Diphtheria-Pertussis (Tdap) ONE-TIME DOSE AFTER AGE 10 (ADACEL OR BOOSTRIX)	TDAP DATE	Circle One: Tdap or Td (IF TDAP IS GREATER THAN 10 YEARS)		LAST BOOSTER DATE	
	Varicella (Chicken Pox) 2 DOSES REQUIRED OR HISTORY OF ILLNESS ACCEPTED WITH POSITIVE TITER	DOSE #1	DOSE #2	OR	<input type="checkbox"/>	TITER REQUIRED IF BOX IS CHECKED UPLOAD LAB REPORT (REVACCINATE FOR NEGATIVE TITER)
	Meningococcal ACYW-135 DOSE SINCE AGE 16 IF 21 OR YOUNGER LIVING IN CAMPUS HOUSING	LAST DOSE		LIST VACCINE NAME OR SEROGROUPS COVERED: _____		
	Tuberculosis STUDENTS: LOG ONTO THE SHS PORTAL: SHS.UPENN.EDU, COMPLETE THE ONLINE TB RISK SCREENING FORM. ONCE YOUR IMMUNIZATION RECORDS ARE PROCESSED YOU WILL RECEIVE A SECURE MESSAGE TO YOUR PENN EMAIL INFORMING YOU IF TESTING IS REQUIRED					
COVID 19 (Sars-CoV-2)	VACCINE NAME		DOSE #1	DOSE #2		
Influenza (not due until fall, please attend flu clinic in October)						

RECOMMENDED	THE VACCINES LISTED BELOW ARE RECOMMENDED BASED ON AGE OR DISEASE CRITERIA. PLEASE CHECK WITH YOUR CLINICIAN.					
	Hepatitis A	DOSE #1		DOSE #2		
	HPV (Human Papillomavirus) <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9	DOSE #1	DOSE #2	DOSE #3		

PROVIDER INFORMATION	***SIGNING PROVIDER IS VERIFYING ALL DATES ABOVE ARE ACCURATE***		
	Provider Name (Please Print)		Title
	Address	Phone	Date
	Signature		Clinical or Organization Stamp