

Name (print) _____ Date of Birth / / Student ID # _____
 Mo Day Yr
 Phone # _____ Mobile Carrier _____ Email _____

UNIVERSITY OF DAYTON HEALTH REQUIREMENTS

Required by Ohio law and/or University of Dayton. **UPLOAD forms to student portal: myhealth.udayton.edu.**

300 College Park | Dayton, OH 45469-0900 | Fax: 937-229-3107

Any questions concerning health requirements – visit FAQ: go.udayton.edu/healthcenter or email us at healthcenter@udayton.edu.

REQUIRED: (information must be submitted to avoid a medical hold on next class registration and a \$50 late charge)

Due June 7 for fall semester, Jan. 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).

*If you would like to request an exemption, e-mail healthcenter@udayton.edu to receive an exemption request form.

CERTIFICATION BY HEALTHCARE PROVIDER (signature, stamp ONLY necessary if official immunization records not attached)

Name/title _____ Signature _____ Date _____
 Address _____ Phone # _____

STRONGLY RECOMMENDED:

HEPATITIS B VACCINE:

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

MENINGITIS ACWY VACCINE: (At least one dose at age ≥ 16)

Menactra Menveo MenQuadfi

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

MENINGITIS B VACCINE:

Bexsero Trumenba

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

COVID-19 VACCINE (WHO approved):

Moderna Pfizer Novavax J&J/Janssen

Primary series and all recommended boosters / /
 / / / / / /
 Mo Day Yr Mo Day Yr Mo Day Yr

SEASONAL INFLUENZA VACCINE (most recent vaccine only):

 / /
 Mo Day Yr

The state of Ohio requires all students planning to live on campus to attest if they are not vaccinated against meningitis and hepatitis B by checking the circle and signing below. If vaccinated, please provide the information above.

I have read the information regarding Hepatitis B Virus and Meningococcal Disease at odh.ohio.gov/know-our-programs/immunization/recommended-vaccines-college-students. I understand the risk in not receiving the vaccine and have decided to decline vaccination at this time. Check circle and sign.

Student Signature (required)

Parent or Legal Guardian (if under 18)

_____ Date _____

_____ Date _____

Check circle if not living in university housing.

RECOMMENDED:

TDAP (Tetanus, Diphtheria, Pertussis) VACCINE:

Most Recent Booster / /
 Mo Day Yr

HEPATITIS A VACCINE:

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

VARICELLA (Chickenpox):

#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 (4 or 5):

#1 / / #2 / / #3 / /
 / / #4 / / #5 / /
 Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

REQUIRED – TUBERCULOSIS (TB) QUESTIONNAIRE – complete all questions and submit.

1. Have you ever had close contact with persons known or suspected to have active TB? Yes No
2. Have you been a resident and/or employee in a high-risk setting (e.g., correctional facility, long-term care facility and homeless shelter)? Yes No
3. Have you been a volunteer or health care worker who served clients at increased risk for active TB disease? Yes No
If yes, please explain _____
4. Have you ever been a member of any of the following groups that may have an Increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or drug or alcohol abuse? Yes No
5. Were you born in one of the countries listed below that have a high incidence of active TB disease or prolonged visits (more than one month)* to one or more of the countries listed below. (If yes, please CIRCLE the country) Yes No

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Columbia	Honduras	Myanmar	South Africa
Algeria	Comoros	India	Namibia	South Sudan
Angola	Congo	Indonesia	Nauru	Sri Lanka
Anguilla	Cote d'Ivoire	Iraq	Nepal	Sudan
Argentina	Dem People's Rep of Korea	Kazakhstan	Nicaragua	Suriname
Armenia	Democratic Republic of Congo	Kenya	Niger	Swaziland
Azerbaijan	Djibouti	Kiribati	Nigeria	Tajikistan
Bangladesh	Dominican Republic	Kuwait	Northern Mariana Islands	Tanzania (United Republic of)
Belarus	Ecuador	Kyrgyzstan	Pakistan	Thailand
Belize	El Salvador	Lao People's Democratic Republic	Palau	Timor-Leste
Benin	Equatorial Guinea	Latvia	Panama	Togo
Bhutan	Eritrea	Lesotho	Papua New Guinea	Tunisia
Bolivia (Plurinational State of)	eSwatini	Liberia	Paraguay	Turkmenistan
Botswana	Ethiopia	Libya	Peru	Tuvalu
Brazil	Fiji	Lithuania	Philippines	Uganda
Brunei Darussalam	French- Polynesia	Madagascar	Qatar	Ukraine
Bulgaria	Gabon	Malawi	Republic of Korea	Uruguay
Burkina Faso	Gambia	Malaysia	Republic of Moldova	Uzbekistan
Burundi	Georgia	Maldives	Romania	Vanuatu
Cabo Verde	Ghana	Mali	Russian Federation	Venezuela (Bolivarian Republic of)
Cambodia	Greenland	Marshall Islands	Rwanda	Viet Nam
Cameroon	Guam	Mauritania	Sao Tome and Principe	Yemen
Central African Republic	Guatemala	Mexico	Senegal	Zambia
Chad	Guinea	Micronesia (Federated States of)	Sierra Leone	Zimbabwe
China	Guinea-Bissau	Mongolia	Singapore	
China, Hong Kong SAR	Guyana	Morocco	Solomon Islands	
China, Macao SAR	Haiti	Mozambique	Somalia	

IF YOU ANSWERED YES TO TB QUESTIONS 1-5 OR CIRCLED ONE OR MORE COUNTRIES ABOVE:

- Have a Tuberculin Skin Test or TB Blood Test (Quantiferon Gold or T-Spot).
- Testing must be done by a U.S. Licensed Healthcare Provider and within six months prior to initial attendance. Must ATTACH RESULTS.
- The TB Skin Test interpretation should be based on mm of induration as well as risk factors. A positive or borderline Quantiferon Gold or T-Spot requires a Chest X-ray. If a TB Skin Test or TB Blood Test is positive, please attach Chest X-ray, Laboratory Report and/or TB Treatment.
- Students may be tested at the Student Health Center upon arrival.

**Upload completed form to the University of Dayton Health Center Student Portal: myhealth.udayton.edu
300 College Park | Dayton, OH 45469-0900 | Phone: 937-229-3131 | Fax: 937-229-3107**