

Immunization Requirements Form for Veterinary School Students

Important: Incoming students must complete the health requirements form BEFORE arriving to campus.

The University requires these vaccinations to protect the health and wellbeing of its community. The following information must be reviewed and signed by a medical provider. If documentation is not available, lab reports of blood tests (titers) to confirm immunity are accepted for Hepatitis B, MMR, and Varicella only and should be loaded into your [PennChart](#) account.

| | | | |
|----------------------------|---------------|------------------------------------|--|
| First Name | | Last Name | |
| Date of Birth (mm/dd/yyyy) | Email address | Penn ID number (8 digits if known) | |

Part 1: Required Immunizations

| | | | | |
|---------------------------------|--|----------------------|----------------------|---|
| MMR | 2 doses required or individual vaccines as listed below. 1st dose must be administered after 1st birthday | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | Titer accepted (re-vaccinate if negative titer) <i>must upload lab report</i> |
| | | | | |
| -OR- | | | | |
| Measles (Rubeola) | 2 doses required; 1st dose must be administered after 1st birthday | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | |
| | | | | |
| Mumps | 2 doses required; 1st dose must be administered after 1st birthday | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | |
| | | | | |
| Rubella (German Measles) | 1 dose required; 1st dose must be administered after 1st birthday | Dose #1 (mm/dd/yyyy) | | |
| | | | | |

Part 2: Required Immunizations (cont)

| | | | | | |
|---|--|-------------------------|--|---|---|
| Hepatitis B | 2 dose (Hepilisav-B only) 3 dose series, OR positive titer | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | Dose #3 (mm/dd/yyyy) | Titer accepted (re-vaccinate if negative titer) <i>must upload lab report</i> |
| | | | | | |
| Tetanus-Diphtheria-Pertussis (Tdap-Adacel or Boostrix) | 1 dose of Tdap required within the past 10 years | Tdap Date (mm/dd/yyyy) | | | |
| | | | | | |
| Varicella (Chicken Pox) | 2 doses required; positive titer required if history of Varicella illness | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | vaccinate if negative titer; must upload lab report | |
| | | | | | |
| Meningococcal ACYW-135 | 1 dose since age 16 if living in campus housing | Dose #1 (mm/dd/yyyy) | List vaccine name OR serogroups covered | | |
| | | | | | |
| Rabies | 2 doses required with a positive titer 1-3 years post-vaccination (Rabies vaccine and titer clinics will be offered) | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | Dose #3 or positive titer | |
| | | | | | |

Part 3: Recommended Immunizations

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|---|---|--|----------------------|----------------------|
| COVID-19 | Up to date includes 2024-2025 formularies only (Moderna, Pfizer, or Novavax) | Updated dose: manufacturer and date (mm/dd/yyyy) | | |
| | | | | |
| Influenza | Annually, after September 1. Flu Clinic will be held October 15-17 at Pottruck Health and Fitness Center. | Flu vaccine (mm/dd/yyyy) | | |
| | | | | |
| Hepatitis A | 2 doses | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | |
| | | | | |
| The vaccine listed below is recommended based on age or disease criteria. Please check with your clinician. | | | | |
| HPV (Human Papillomavirus) | Check one: HPV4 <input type="checkbox"/> HPV9 <input type="checkbox"/> | Dose #1 (mm/dd/yyyy) | Dose #2 (mm/dd/yyyy) | Dose #3 (mm/dd/yyyy) |
| | | | | |

Part 4: Provider Review and Signature

| | | | |
|------------------------------|-------------|-------------------|--|
| Provider Name (please print) | Credentials | | |
| Address | Phone | | |
| Clinic or Organization Stamp | Signature | Date (mm/dd/yyyy) | |

Please visit <https://wellness.upenn.edu> if you have questions about vaccine exemptions.

This form and all vaccine documentation should be submitted through PennChart. Do not submit via email. Visit wellness.upenn.edu to access the PennChart login. **If you have questions or need your records translated, please contact us at (215) 746-4200 or email wel-immun@pobox.upenn.edu.**