Immunization Submission Form

Please see Medical Entrance Compliance for more information.

If you have never been immunized for measles, mumps, and/or rubella, you should do so and then complete your updated immunization information.

Please be advised that any immunization information that you provide will only be used for University (UHS) purposes. UHS staff cannot acknowledge or vouch for self-reported information when released for any purpose.

1: Measles, Mumps, and Rubella (MMR) Vaccine

Measles, Mumps, and Rubella are serious communicable diseases that can spread in close living environments. All college students must be immunized to prevent these outbreaks.

Please specify the dates of your MMR immunizations. Two doses are required.

Date for Dose 1:
Date for Dose 2:

2: Varicella (Chicken Pox) Vaccine

Chicken Pox is a serious communicable disease that can spread in close living or classroom environments. It is strongly recommended all students be immunized to prevent an outbreak.

Please indicate the date of each dose that was given for this 2 dose series.

Date for Dose 1:
Date for Dose 2:

3: Varicella (Chicken Pox) Disease

Please indicate if you have "HAD THE DISEASE".

Date of Infection:

4: Hepatitis B Vaccine

Hepatitis B is strongly recommended for all college students.

Please indicate the date that each dose of Hepatitis B vaccine was given for this three dose series; a fourth dose may be needed.

Date for Dose 1:
Date for Dose 2:
Date for Dose 3:
Date for Dose 4:

5: Hepatitis A Vaccine

Hepatitis A is recommended for all college students planning international travel.

Please indicate the date that each dose of Hepatitis A vaccine was given for this two dose series.

Date for Dose 1:
6: Gardasil Vaccine (Human Papiloma Virus - HPV)

All students (male and female) are encouraged to be immunized.

Please indicate the dates of Gardasil vaccine you were given for this three dose series.

Date for Dose 1:
Date for Dose 2:
Date for Dose 3:

7: Cervarix Vaccine (Human Papiloma Virus - HPV)

Complete this section only if you know that Cervarix was administered

Cervarix vaccine may have been given to female students instead of Gardasil. Please indicate the Cervarix vaccine you were given for this three dose series.

Date for Dose 1:
Date for Dose 2:
Date for Dose 3:

8: Menactra Vaccine (Meningococcal Meningitis Infection)

Meningococcal immunization should be considered for undergraduate dormitory residents (especially effective for three years).

Please enter the date of the last Menactra (MCV4) vaccine you were given. Complete this section only if you know that Menactra was administered:

Date for Dose 1:

9: Menomune Vaccine (Meningococcal Meningitis Infection)

Meningococcal immunization should be considered for undergraduate dormitory residents (especially for three years).

Please enter the date of any Menomune (MPSV4) vaccine you were given. Complete this section only if you know that Menomune was administered:

Date for Dose 1:

10: Menveo (Meningococcal Meningitis Infection)

Complete this section only if you know that Menveo was administered.

Please enter the date of any Menveo (MCV4) vaccine you were given.

Date for Dose 1:

11: Pneumococcal Vaccine

If you have been immunized, please enter the date of your most recent vaccine.

Date for Dose 1:

12: Tetanus (Td) Vaccine

All students are encouraged to be immunized.
If you have been immunized, enter the date of your most recent booster.

Date for Dose 1: __________

13: Tetanus, Diptheria, and Pertussis (Tdap) Vaccine

A one time only dose of Tdap is advised for all adolescents and adults. This vaccine may be given (above).

Please enter the date of your last vaccine.

Date for Dose 1: __________

Click Proceed to submit your completed form.

If you are not ready to complete these items, please click Cancel. You will be able to return to this page later.

If you have any questions about the items on this page, or need to make changes after it has been submitted, please contact us at uhsonline@sa.psu.edu or call (814) 865-6556.

Remember: You cannot change an item after it has been submitted.

If you want a copy of this page please print it from your browser before pressing the Proceed Button.

Proceed Cancel

University Health Services
Student Health Center
University Park, PA 16802
Contact Site Administrators

If you need assistance with appointment scheduling please call (814) 863-