

HEALTH SCIENCES Immunization Requirements

G

Last Name	First Name	GWid
-----------	------------	------

Email	Phone	Date of birth (MM/DD/YYYY)	Term/Year First Admitted
-------	-------	----------------------------	--------------------------

Health Sciences Program (circle one):	Medical Lab Science	Physician Assistant	Physical Therapy
--	----------------------------	----------------------------	-------------------------

Tdap ___/___/___ (Must be within the last 10 years as an adult)

MMR #1 ___/___/___ After 12 months of age

MMR #2 ___/___/___ Minimum of 28 days after MMR #1

OR Measles #1 ___/___/___ Mumps #1 ___/___/___ Rubella #1 ___/___/___
 Measles #2 ___/___/___ Mumps #2 ___/___/___ Rubella #2 ___/___/___

OR you must attach lab report showing positive immunity

Varicella #1 (Chicken Pox) ___/___/___ (After 12 months of age)

Varicella #2 (Chicken Pox) ___/___/___ (Minimum of 28 days after Varicella #1)

OR History of disease _____ (Date/Age)

OR you must attach lab report showing positive immunity

Hepatitis B #1 ___/___/___

Hepatitis B #2 ___/___/___ Minimum of 28 days after Hep B #1 } OR according to Hepatitis Accelerated Schedule

Hepatitis B #3 ___/___/___ Minimum of 5 months after Hep B #2 }

OR you must attach lab report showing positive immunity

Meningococcal Vaccine ___/___/___ Booster required if the first dose is before age 16 ___/___/___

OR Download Meningococcal Waiver at: <https://healthcenter.gwu.edu/immunizations>

I certify this student is current on all required immunizations as required or recommended by JCAHO, CDC, OSHA and DCRA for students and health care workers; and is free of communicable diseases.

Health Care Provider Signature or Stamp	Date	Health Care Provider Phone Number
---	------	-----------------------------------

PA and PT Students – Please upload the completed form and any serology reports to your Certiphi myRecordTracker account. If you are under the age of 26, you *must also* upload this form to:

Colonial Health Center (CHC) Health Sciences Student Compliance Program at <https://healthcenter.gwu.edu/immunizations>

T 202-994-6827 | Fax: 202-973-1572.

MLS Students - Please upload the completed form and any serology reports to your Certiphi myRecordTracker account.