THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

HEALTH SCIENCES Immunization Requirements

Last Name | First Name | G GWid

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

Health Sciences Program (circle one): **Medical Lab Science** **Physical Therapy** **Other:**_____

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 you must provide the Meningococcal Waiver Form

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

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

Colonial Health Center (CHC) Health Sciences Student Compliance Program at https://mychc.gwu.edu/
T 202-994-6827 | Fax: 202-973-1572.

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

Revised January 2026