

HEALTH SCIENCES Immunization Requirements

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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** **Occupational Therapy** **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 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

OT, PA and PT Students – Please upload the completed form and any serology reports to your Certiphi [myRecordTracker](https://myRecordTracker.gwu.edu) 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://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](https://myRecordTracker.gwu.edu) account.