

UAB Student Health & Wellness Immunization Form

Non-Clinical International Students

NAME: TURAKA · MEGHANA SWETHA DATE OF BIRTH: (mm/dd/yyyy): 05/05/1998

ADDRESS: 405 B. RIDGE TOWERS, Surya Nagar, CHINTAL, HYD. 500054 PHONE: +919133427492

PROGRAM OF STUDY: MASTERS IN COMPUTER SCIENCE BLAZERID: meghanat @UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

***Copies of your original immunization records are acceptable in place of this form, but MUST BE IN ENGLISH. Please submit completed form or immunization records directly to your UAB SH&W Patient Portal.**

1. **MMR- Measles, Mumps, and Rubella:** All students must satisfy this requirement, either by two vaccine doses against each of the three diseases or laboratory evidence of immunity to all three diseases.

EITHER

Two doses of MMR vaccine:

Date: 16/01/2019
Date: 11/01/2021

OR

Two doses of each vaccine component:

Measles

Date: 16/01/2019 Date: 11/01/2021

Mumps

Date: 16/01/2019 Date: 11/01/2021

Rubella

Date: 16/01/2019 Date: 11/01/2021

OR

Laboratory evidence of immunity to all three diseases:

Measles

Date: / / Result:

Mumps

Date: / / Result:

Rubella

Date: / / Result:

*If any laboratory titers are non-immune, 2 repeat vaccines are required. Date: / / Date: / /

2. **Tdap- Tetanus, Diphtheria, Acellular Pertussis:** All students must have had one dose of the adult Tdap given 2006 or later. If the last adult Tdap is greater than 10 years old, a Td booster is required.

Tdap Date: 16/01/2019
Td Date: 11/01/2021

3. **Varicella (chickenpox or shingles):** All students must have documented history of Varicella, a positive Varicella antibody titer, or two doses of Varicella vaccines given at least 28 days apart.

EITHER

History of Varicella (chickenpox or shingles): Yes: ☒ No: ☐

Date: 15/05/2001

OR

Varicella antibody titer

Positive: ☒ Negative: ☐

Date: 18/07/2001

OR

Varicella vaccination Dose 1: / / Dose 2: / /

*If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.

Varicella vaccination Dose 1: / / Dose 2: / /

4. **Meningococcal:** All students 21 and younger are required to show documentation of a meningitis vaccine given on/after their 16th birthday. Students age 22 and older are exempt.

Date: / /