

UAB Student Health & Wellness Immunization Form

Non-Clinical International Students

NAME Tuyaka Anita DATE OF BIRTH (mm/dd/yyyy) 05/01/1998  
 ADDRESS 1-126 Near Andhra Bank, Aduguralla (Gundurthi) PHONE 6303159809  
 PROGRAM OF STUDY Computer Science and Information Systems (Master) BLAZERID anthoni @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.

Two doses of MMR vaccine:

EITHER

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

OR

Two doses of each vaccine component:

Measles

Date:    /    /    Date: 11 / 01 / 2021

Mumps

Date:    /    /    Date: 11 / 01 / 2021

Rubella

Date:    /    /    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 / 02 / 2001

OR

Varicella antibody titer Positive: ☒ Negative: ☐

Date: 18 / 04 / 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 16<sup>th</sup> birthday. Students age 22 and older are exempt.

Date:    /    /