



ENTRANCE FORM: Immunizations

Please see [Frequently Asked Questions About Your Immunization and Health History Forms](#) for more information.

Please complete this form and provide the date(s) you received vaccines in childhood or as an adult. Not all students will have received all of these immunizations. If you do not enter any dates for an immunization, it will be interpreted as your reporting that you have not received any doses of it.

There are no required immunizations for enrollment in most programs at UW-Madison. However, University Health Services **strongly** recommends the immunizations that follow to safeguard your health and the health of the campus.

Certain health profession programs at UW-Madison **do** have immunization requirements, including hepatitis B, varicella (chickenpox), and tuberculosis. Please check with your program for exact requirements.

Important note: If you will live in a university residence hall, you **must** complete the sections for hepatitis B and meningococcal vaccine prior to move-in. By Wisconsin state law, you must report whether or not you have received both vaccines. Failure to provide this information is a violation of your housing contract.

We recommend that you print out this form for review prior to completing and submitting it. Once you have submitted the form, you cannot return to add or modify the information. Do not mail the form to us—only forms submitted through this website will be accepted.

You may print out this form and take it to your clinician to fill in the information for you. You will then have to transfer the information from that paper to this form and submit the form electronically yourself. Only forms submitted through this website will be accepted. Do not give your clinician, or anyone else, your NetID and password for access to your medical records.

1: Measles, Mumps, and Rubella (MMR) Vaccine

Measles, mumps, and rubella are serious communicable diseases that can spread in close living or classroom environments. Most students should have been immunized against these infections in childhood.

If you have never been immunized for measles, mumps, and/or rubella, you should do so now and then complete this form with your updated immunization information.

Please specify the dates of your MMR immunizations. Two doses of MMR vaccine administered after your first birthday are needed.

Date for Dose 1:

Date for Dose 2:

2: Measles Vaccine

Individual measles, mumps, and rubella immunizations are an alternative to combined MMR immunization. All students should have received two doses of either measles or MMR vaccine.

If you didn't get the combined MMR vaccine, please specify the dates of your measles immunizations here. Two doses are needed.

Date for Dose 1:

Date for Dose 2:

3: Mumps Vaccine

Individual measles, mumps, and rubella immunizations are an alternative to combined MMR immunization. All students should have received two doses of either mumps or MMR vaccine.

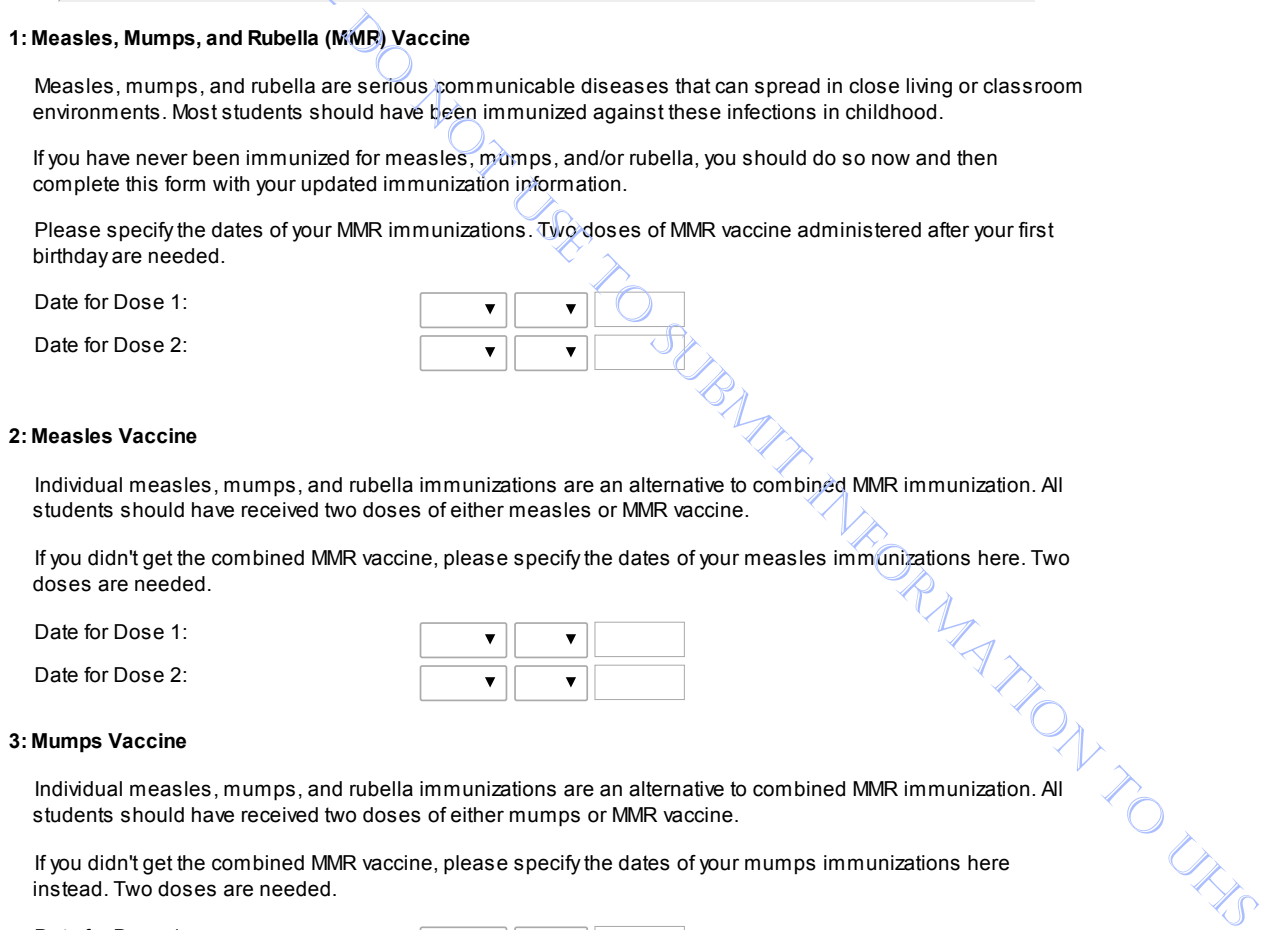
If you didn't get the combined MMR vaccine, please specify the dates of your mumps immunizations here instead. Two doses are needed.

Date for Dose 1:

Date for Dose 2:

4: Rubella Vaccine

Individual measles, mumps, and rubella immunizations are an alternative to combined MMR immunization. All students should have received two doses of either rubella or MMR vaccine.



If you didn't get the combined MMR vaccine, please specify the date of your rubella immunizations here. Two doses are needed.

Date for Dose 1:

5: Hepatitis A Vaccine

Hepatitis A immunization is recommended for children and adolescents. In adults, it is usually given prior to international travel. At least two doses are needed. It may also be given in combination with hepatitis B vaccine, as three or four doses.

If you have received hepatitis A vaccine in the past, please indicate the date that each dose was given. If you received the combined hepatitis A and hepatitis B vaccine, enter them separately in their respective sections.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Date for Dose 4:

6: Hepatitis B Vaccine

Hepatitis B immunization is routinely given in childhood or adolescence and is recommended for all young adults. If you have not completed a series of three doses, you should do so now. Hepatitis B vaccine is mandatory for students in health professions programs. These students may also need to document their immune status (serology) before beginning their clinical program. Check with your school/program for specific requirements.

Students who live in a residence hall are required by state law to inform us if they have received the vaccine and should use this form to do so.

Please indicate the date that each dose of Hepatitis B vaccine was given. A minimum of three doses are needed.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Date for Dose 4:

7: No Hepatitis B Vaccine Received (optional)

If you live in a university residence hall, you are required by state law to either provide the dates of hepatitis B immunization above, or indicate in this field that you have not received this vaccine. Please be sure to complete either item 6 or 7 on this form, but not both.

If you have *never* received any doses of hepatitis B vaccine, enter today's date in this field to so indicate.

Date for Dose 1:

8: HPV (Human Papillomavirus) Vaccine

HPV vaccine is recommended for both women and men between ages 9 and 26. Three doses are needed. If you started the series at home, you can continue it on campus (fee applies).

Please enter the dates of any doses of the HPV vaccine that you have received.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

9: Meningococcal Vaccine

Students aged 21 years or younger should have received at least one dose of meningococcal conjugate vaccine (MCV4) prior to enrollment. If the first dose was administered before the 16th birthday, a second dose should be given before enrollment in college. Students who received their first dose of this vaccine at or after age 16 do not need a booster dose. Routine vaccination is not recommended after age 21 years.

Note: students who live in a residence hall are required by state law to inform us if they have received the vaccine and should use this form to do so. Entering a date in this field will meet the requirement.

Please enter the most recent date(s) of meningococcal (meningitis) vaccine you have received.

Date for Dose 1:

Date for Dose 2:

10: No Meningococcal Vaccine Received (optional)

If you live in a university residence hall, you are required by state law to either provide the dates of meningococcal immunization above, or indicate in this field that you have not received this vaccine. Please be sure to complete either item 9 or 10 on this form, but not both.

If you have *never* received any doses of meningococcal vaccine, enter today's date in this field to so indicate.

Date for Dose 1:

11: Polio Vaccine (oral or injectable)

This vaccine is usually given in childhood. A primary series of four doses is recommended. Boosters are occasionally needed for international travel to high-risk areas.

Please indicate the date that each dose was given (individually or in combination with other vaccines).

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Date for Dose 4:

Date for Dose 5:

12: Tetanus-Diphtheria-Pertussis Vaccine, adult (Tdap)

All entering students should make sure they have received a recent tetanus booster **that includes the adult pertussis component** (Tdap). This vaccine became available in the U.S. in 2005. If your last booster shot did *not* include pertussis (e.g., Td alone), you should get a Tdap booster prior to arriving on campus (regardless of the interval since the last Td booster). Vaccinations in childhood that included pertussis (DTP, DTaP) are not sufficient.

If you have received only Td but not Tdap, complete the section below instead.

Please indicate the date when the **most recent** Tdap booster dose was given.

Date for Dose 1:

13: Tetanus-Diphtheria Vaccine (Td), booster

After a primary series given in childhood, you need a tetanus booster every 10 years. Your most recent booster should have included the pertussis component (Tdap) (see above). If not, and your most recent booster was the Tetanus-diphtheria only vaccine, complete this section instead. In this case, it is **strongly recommended** that you get Tdap now rather than waiting until the 10 year time period has elapsed.

Please indicate the date when the **most recent** tetanus booster (Td) dose was given. If your most recent booster was the Tdap vaccine, leave this section blank.

Date for Dose 1:

14: Diphtheria-Tetanus-Pertussis Vaccine, childhood

This is a primary series of four doses, usually given in early childhood. These may be abbreviated in your records as DT, DTaP, DTP or DTwP. Once this series is completed, boosters are recommended every 5-10 years and should be recorded above as either Td or Tdap.

Enter the dates of your primary diphtheria-tetanus-pertussis vaccine series.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Date for Dose 4:

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15: Varicella (Chicken Pox) Vaccine

Varicella immunization or evidence of immunity is a requirement for health professions students. The vaccine is recommended for any student who has not had chickenpox disease. Please enter the dates of immunizations you received. If you had chickenpox, please enter the date of illness below instead.

If you received individual immunizations for varicella, please indicate the date that each dose was given. Two doses are needed.

Date for Dose 1: ▼ ▼

Date for Dose 2: ▼ ▼

16: Chickenpox (Varicella) Disease

Many but not all students had chickenpox as a child. In adults, chickenpox can be a very serious illness. If you have never had chickenpox, you should receive two doses of varicella vaccine prior to arriving on campus.

If you had chickenpox, please enter the date of your illness here.

Date of Infection: ▼ ▼

17: Japanese Encephalitis Virus Vaccine (JEV)

JEV vaccine is given prior to travel in some foreign countries. Three doses are usually needed. Most students will not have had this vaccine and can leave it blank. If you have received this vaccine more than once, please list the most recent doses.

If you have ever had JEV vaccine, please indicate the date that each dose was given.

Date for Dose 1: ▼ ▼

Date for Dose 2: ▼ ▼

Date for Dose 3: ▼ ▼

18: Typhoid Vaccine (oral)

Oral (live) typhoid vaccine is a common vaccine recommended for foreign travel to many areas of the world. It is taken as four pills over an 8 day period. If you have received oral typhoid vaccine more than once, list the last time you took it. Routine typhoid vaccination is not needed in the U.S.

If you have received oral typhoid vaccine in the past, please indicate the approximate date you took it.

Date for Dose 1: ▼ ▼

19: Typhoid Vaccine Inactivated

Inactivated typhoid vaccine may be recommended for travel to many foreign countries. It is given as a single-dose shot, as an alternative to the oral typhoid vaccine. Routine typhoid vaccination is not needed in the U.S.

If you have received the inactivated (shot) typhoid vaccine in the past, please indicate the date of the last dose you received.

Date for Dose 1: ▼ ▼

20: Yellow Fever Vaccine

Yellow fever vaccine is recommended for foreign travel in many areas of the world. If needed, boosters are given every 10 years. Yellow fever vaccination is not needed in the U.S. However, if you are arriving in the U.S. from a country where yellow fever is present, you will have to document that you have received the vaccine.

If you have received the yellow fever vaccine in the past, please indicate the date of your most recent immunization.

Date for Dose 1: ▼ ▼

21: Rabies Vaccine

Rabies vaccine is sometimes recommended for travel to some foreign countries. It may also be used to protect persons who work with animals and could be exposed to rabies virus (usually 3 doses). If you received rabies vaccine following an exposure or a bite from an animal, please also record that here (usually 5 doses). Other than these situations, routine rabies vaccination is not needed in the U.S.

If you have ever received rabies vaccine, please indicate the dates of any doses you received.

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Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Date for Dose 4:

Date for Dose 5:

22: Tuberculosis Skin Test (Mantoux, PPD)

Annual tuberculosis screening is required for students in health professions and some other educational programs. A skin test done within the previous 12 months will meet this requirement. If you have tested positive for tuberculosis in the past, please also complete the chest x-ray section below.

If you have had a tuberculosis skin test, please record the result here from your most recent test. You must enter a specific number in millimeters of induration. If your test was reported as "negative", enter "0".

Date of Administration:

Date Read:

Result: Positive Negative
 mm Induration

23: Chest X-Ray

Students who have had a positive skin test for tuberculosis, or who have had tuberculosis disease in the past should have at least one chest x-ray to document the status of their infection. Complete this section only if you have had a previous tuberculosis infection (positive PPD).

Please enter the date and result of your most recent chest x-ray, if any.

1 Date of Administration:

Result: Positive Negative

24: Measles Immune Status (optional)

Students entering health professions usually are required to provide proof of immunity to measles. If you have had a blood test to document your immune status, please complete this section.

Enter the date of testing and the test result, if known

Test Date:

Result: Positive Negative

25: Mumps Immune Status (optional)

Students entering health professions usually are required to provide proof of immunity to mumps. If you have had a blood test to document your immune status, please complete this section.

Enter the date of testing and the test result, if known.

Test Date:

Result: Positive Negative

26: Rubella Immune Status (optional)

Students entering health professions usually are required to provide proof of immunity to rubella. If you have had a blood test to document your immune status, please complete this section.

Enter the date of testing and the result, if known

Test Date:

Result: Positive Negative

27: Varicella Immune Status (optional)

Students entering health professions usually are required to provide proof of immunity to varicella. If you have had a blood test to document your immune status, please complete this section.

Enter the date of testing and the test result, if known.

Test Date:

Result: Positive Negative

28: Hepatitis B Immune Status (optional)

Students entering health professions usually are required to provide proof of immunity to hepatitis B (surface antibody). If you have had a blood test to document your immune status, please complete this section.

Enter the date of testing and the test result, if known.

Test Date:

Result: Positive Negative

Click Proceed to submit your completed form.

**If you are not ready to complete these items, please click Cancel.
You will be able to return to this page later.**

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