

IMMUNIZATION RECORD

Duquesne University Health Service

600 Forbes Avenue, Pittsburgh, PA 15282-1902(412) 396-1650 Fax: (412) 396-5655

Duquesne University requires all incoming freshmen, transfers, and fellows to provide documentation of their immunizations. STUDENTS WILL NOT BE PERMITTED TO REGISTER UNTIL ALL REQUIRED IMMUNIZATIONS ARE DOCUMENTED.

Last Name _____ First Name _____ MI _____

Address _____ City/State/Zip _____

Date of Entry: Mo _____ Yr _____ Date of Birth: Mo _____ Day _____ Yr _____

Undergraduate _____ Graduate _____ International _____

To be completed and signed by your health care provider. ALL information must be in ENGLISH.

REQUIRED IMMUNIZATIONS ----- YOU MUST HAVE THESE
PLEASE PROVIDE MONTH, DAY and YEAR in appropriate boxes.

	Dose 1	Dose 2
MMR (Measles, Mumps, Rubella) 2 DOSES ARE REQUIRED	____/____/____ Month/Day/Year	____/____/____ Month/Day/Year

MENINGOCOCCAL VACCINE Required by Pennsylvania law for students residing in campus housing.

Month/Year

If after consultation with your physician, you choose not to receive the vaccine, you may sign below.

Student Signature/Date

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Recommended Immunizations – not required by Duquesne University

Tetanus Booster: _____

Hepatitis B: (1) _____ (2) _____ (3) _____

Varicella (Chickenpox): (1) _____ (2) _____ or date of disease: _____

HEALTH CARE PROVIDER

Name _____ Address _____

Signature _____ Phone _____

Return completed form to: Duquesne University Health Service

IMREC

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