

**Instructions:**

If you cannot use the online form at [www.uhs.umich.edu/immunization-records](http://www.uhs.umich.edu/immunization-records), you may use this form and attach records.

**Please mail at least 30 days before classes start to:**

University Health Service  
HIMS - Forms  
207 Fletcher St.  
Ann Arbor, MI 48109-1050

If you cannot return it on time, you may bring it with you to campus and deliver it when you arrive.

If you received another immunization after your form was completed, you can update your record as follows:

1. Photocopy your new immunization record
2. Write your full name and date of birth on it
3. Attach a note saying that it is an update
4. Send it to address above

For more information:

See [www.uhs.umich.edu/immunization-records](http://www.uhs.umich.edu/immunization-records)  
Call 734-764-8320 ext 5  
Email [ContactUHS@umich.edu](mailto:ContactUHS@umich.edu)

\_\_\_\_\_

*This information will be entered into the confidential electronic health record.*

Student name - Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Sex:  Male  Female  Other

Your health record will be created with the sex (M/F) marked here. If M/F is not marked, your health record will be created with Unknown sex. The sex listed in your health record can impact health care and insurance billing. If using health services that will be billed to insurance, the sex marked in your health record needs to match the sex that your health insurance plan has on file in order to avoid claim rejections.

Birthdate (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country (if not USA): \_\_\_\_\_

Postal (zip) code: \_\_\_\_\_

Phone – the best number to reach you:

\_\_\_\_\_

Is an interpreter needed?  Yes  No

Marital status:  Divorced

Legally separated

Married

Significant other

Single

Widowed

Unknown

Other (specify): \_\_\_\_\_

Ethnicity:  Non-Hispanic  Hispanic

Race:  American Indian or Alaska Native

Black or African-American

Native Hawaiian or Other Pacific Islander

Other

Unknown

White or Caucasian

Parents' names:

Last: \_\_\_\_\_

First: \_\_\_\_\_

Last: \_\_\_\_\_

First: \_\_\_\_\_

***Please attach immunization records***