University Health Center
University of Maryland
College Park, MD 20742
Upload form to **myuhc.umd.edu**

DIVISION OF STUDENT AFFAIRS
UNIVERSITY HEALTH CENTER

Immunization questions or information:
301-314-8114

IMMUNIZATION RECORD

IMMUNIZATION RECORD INSTRUCTIONS

Please submit your immunization information ONLINE no later than the first day of class

There are FOUR steps to successfully submitting your Immunization Record:

1. Upload your COVID-19 Vaccine Information
2. Input your other Immunization Information
3. Submit Supporting Documentation
4. Complete the Tuberculosis Risk Screening online (depending on your responses, you may be asked to complete Section E of the Immunization Record form)

1. Uploading your COVID-19 Vaccine Information:

Step 1: Go to www.myuhc.umd.edu
Step 2: Enter your **directory ID** and **password** to log on, then hit ENTER
Step 3: Click on **Enter my COVID-19 Vaccine Information** and follow instructions. You must attach a copy of your vaccine card or record in order for your information to be processed.

2. Inputting your other Immunization Information (MMR, TdaP, Meningitis, etc):

Step 1: Go to www.myuhc.umd.edu
Step 2: Enter your **directory ID** and **password** to log on, then hit ENTER
Step 3: Click on **Forms** (located on the left hand side of the page), then click on **Immunizations** (in the middle of the page)
Step 4: Carefully enter your immunization dates in the appropriate fields
Step 5: Scroll down to the gray box and click "Add Immunization Record" to attach your **supporting documentation (see number 3 below).**
You must click Submit Final for your information to be transmitted. Please note, you will not be able to make changes after this step
*Individuals who choose to sign the Meningococcal Waiver will need to complete Section D of the Immunization Record Form. Please submit the signed waiver along with your other supporting documentation.

3. Submitting Supporting Documentation:

Please scan or take a photo of the documents which can then be uploaded.
We ask that supporting documentation please be in English.
These are the acceptable forms of supporting documentation:

- Vaccine record from your doctor/provider office that includes provider information
- Up to date school or university immunization record
- Provider signed proof of current or previous immunizations
- Active duty (DD214) status in the US Military or International W.H.O Yellow Book showing MMR dates (completed by a medical provider)

*Alternatively, if you do not have any of these records, your medical provider must complete and sign the **Immunization Record** form, found on the following pages.

4. Complete the Tuberculosis Risk Screen online:
   Step 1: Go to www.myuhc.umd.edu

Step 2: Enter your **directory ID** and **password** to log on, then hit ENTER
Step 3: Click on **Forms** (located on the left hand side of the page), then click on **Tuberculosis (TB) Risk Screening (STUDENTS ONLY)**
Step 4: Read and complete the screening questions carefully

Other Important Information:

- If you are in need of required vaccines, these are available at the University Health Center. Please call for an appointment when you arrive on campus. Many insurances can be billed for the cost of the vaccines.

- The University of Maryland requires that ALL students including credit/non-credit, degree/non-degree seeking, full-time/part-time, graduate/undergraduate, transfer and international students complete this form.

- Once you immunization information has been received and processed, you will receive a secure message through the patient portal, at myuhc.umd.edu. Please allow one week for processing after your form has been submitted.

- Student registration will be blocked if immunization information is missing.

- Don't forget about the Mandatory Health Insurance Waiver! Evidence of insurance must be provided yearly online at https://umd.myahpcare.com/waiver.

- While not required, we ask that you also complete the Gender and Identify Related Questions, which can be found under Forms in myuhc.umd.edu. We ask these questions to prepare to take the best, inclusive care of you.

Thank you and welcome to the University of Maryland!

(Immunization Record Form found on the next page)

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Unless instructed to do so, you do not need to complete this form if you have already uploaded your Immunization

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Name (Last)	First
University ID#	Date of Birth (mm/dd/yyyy)
Cell phone number:	Email Address:
What is your home country?	

Parental/Guardian Consent (for students under age 18):

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my student until they turn 18. The Health Center will seek to notify parents in the event of an emergency.

Signed _____ Relationship _____ Date _____

SECTION A: *REQUIRED FOR ALL STUDENTS*

COVID-19**: ☐ I have uploaded my COVID-19 vaccination information at myuhc.umd.edu

SECTION B (REQUIRED): ALL STUDENTS BORN AFTER 1956 MUST PROVIDE THIS INFORMATION

Vaccines	Dates Given/Performed	Requirements
MMR	Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy)	2 doses of MMR –At least 4 weeks between doses –First dose given after 1st birthday –Second dose after age 4
OR		
Individual Vaccines: **–Measles** **–Mumps** **–Rubella**	**Measles** Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy) **Mumps** Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy) **Rubella** Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy)	2 doses of each individual component (2 measles, 2 mumps, 2 rubella) –At least 4 weeks between doses –First dose given after 1st birthday –Second dose after age 4
OR		
Positive blood test	Measles titer date _____/_____/_____ (mm dd yyyy) Result_____ Mumps titer date _____/_____/_____ (mm dd yyyy) Result_____ Rubella titer date _____/_____/_____ (mm dd yyyy) Result_____	Positive titers showing immunity ***Lab report must be attached**
Tdap	_____/_____/_____ (mm dd yyyy)	One dose given at age 11 or later

SECTION C (REQUIRED): ALL UNDERGRADUATE STUDENTS MUST COMPLETE THIS SECTION			
Meningitis (ACWY) meningo-coccal vaccine	_____/_____/_____ mm dd yyyy ☐ Check if waiver completed below in SECTION D	Check one ☐ Menactra ☐ Menveo ☐ Unknown	One dose given after age 16 –May be waived by completing Section D

YOUR DOCTOR/PROVIDER MUST SIGN HERE: Please review, sign, and stamp to verify immunization dates and information are correct.			
Clinician name (MD/NP/PA)	Clinician Signature	Clinician Phone Number	Date

SECTION D: MENINGOCOCCAL WAIVER (COMPLETE ONLY IF YOU HAVE NOT RECEIVED MENINGITIS VACCINE)

All **undergraduate** students must either be vaccinated against meningococcal disease or complete a waiver.

FOR YOUR SAFETY, WE STRONGLY RECOMMEND RECEIVING THE VACCINE

Meningitis information can be found here:
https://phpa.health.maryland.gov/pages/Meningococcal-Disease.aspx

Individuals 18 years of age and older may sign a written waiver choosing not to be vaccinated against meningococcal disease. For individuals under 18 years of age, the parent or guardian of the individual must review the information on the risks of the disease, and sign this waiver that he/she has chosen not to have the child vaccinated.

- ❑ I have reviewed information on the risk of meningococcal disease and the effectiveness and availability of the vaccine.
- ❑ I understand that meningococcal disease is a rare but life-threatening illness.
- ❑ I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland and who resides in campus student housing shall receive vaccination or sign this waiver.

I am 18 years of age or older and I choose to waive receipt of the meningococcal vaccine:

_____
Signature Date

I choose to waive receipt of the meningococcal vaccine for my child who is under 18 years of age:

_____
Signature Date

SECTION E: REQUIRED TUBERCULOSIS RISK SCREENING

TB SCREENING MUST BE COMPLETED BY ALL STUDENTS ONLINE AT WWW.MYUHC.UMD.EDU

If you answered YES to any questions on the Tuberculosis Risk Screening, you are required to provide the following:

	Date of blood test	***You must attach laboratory report***
Quantiferon Gold Test or T-Spot ***Test MUST BE PERFORMED IN THE US*** **(PPD will not be accepted)**	_____/_____/_____ mm dd yyyy	Test must have been performed within the past 12 months Result_____

If the result of the Quantiferon Gold or T-Spot is POSITIVE, your doctor should discuss treatment for latent TB.
Provide documentation of this review, even if you decline treatment, and your provider must complete the following:

Clinical evaluation:
- ❑ Normal (absence of cough, hemoptysis, fever, chills, sweats, weight loss).
- ❑ Abnormal (describe):_____

	Date of X-ray (must be within 1 year)	**Attach X-ray report in English**
Chest X-ray	_____/_____/_____ mm dd yyyy	Result_____

Treatment for latent TB (check one) *Attach additional clinical info if indicated.	❑ Patient completed full course of treatment for latent TB. Medication and dates_____ ❑ Patient did not complete treatment for latent TB. Reason:

YOUR DOCTOR/PROVIDER MUST SIGN HERE IF COMPLETING SECTION E:
Please review, sign, and stamp to verify that the information in Section E is correct.

Clinician name (MD/NP/PA)	Clinician Signature	Clinician Phone Number	Date

SECTION F: *RECOMMENDED VACCINES*

Vaccines	Given/Performed
Hepatitis A	Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy)
Hepatitis B or Twinrix	Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy) _____/_____/_____ (mm dd yyyy)
HPV	Check one: ❑Gardisil ❑Cervarix Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy) Dose 3_____/_____/_____ (mm dd yyyy)
Meningitis B (check one)	☐ Bexsero Dose 1_____/_____/_____ (mm dd yyyy) _____/_____/_____ (mm dd yyyy)
	☐ Trumenba Dose 1_____/_____/_____ (mm dd yyyy) Dose 2_____/_____/_____ (mm dd yyyy) Dose 3_____/_____/_____ (mm dd yyyy)
Influenza (yearly)	_____/_____/_____ (mm dd yyyy)

SECTION G: *RECOMMENDED*
GENDER AND IDENTITY RELATED QUESTIONS

WE ASK THESE QUESTIONS TO PREPARE TO TAKE THE BEST, INCLUSIVE CARE OF YOU

THESE QUESTIONS CAN BE COMPLETED ONLINE AT WWW.MYUHC.UMD.EDU

Thank you for completing the IMMUNIZATION RECORD!