

UW-BOTHELL, SEATTLE AND TACOMA IMMUNITY VERIFICATION FORM

Review attached instructions and upload documents via immunity.washington.edu

Note: Health Sciences students follow a separate process via immunity.washington.edu

1. UW-SEATTLE STUDENTS: CONSENT TO CREATE AN ONLINE HEALTH RECORD

I give consent to record my immunizations in Hall Health's medical record system.

No electronic signatures. Leave blank to withhold consent.

| | |
|--|---|
| Student signature (for students 18 years or older) or parent signature (for minor students): | Date: |
| Parent/guardian printed name (minor students): | Parent/guardian phone (minor students): |

2. STUDENT INFORMATION

| | | |
|-----------------------------|--------------|----------------------------|
| Last name: | First name: | Middle initial: |
| Date of birth (MM/DD/YYYY): | Age: | 7-digit UW student ID: |
| UW email: | Other email: | Entering quarter and year: |

3. CHOOSE YOUR CAMPUS AND/OR SPECIAL PROGRAMS

| | | | |
|----------------------------------|---------------------------------|----------------------------------|---|
| Seattle <input type="checkbox"/> | Tacoma <input type="checkbox"/> | Bothell <input type="checkbox"/> | Check if you are an IELP student <input type="checkbox"/> |
|----------------------------------|---------------------------------|----------------------------------|---|

4. REQUIRED VACCINATIONS FOR ALL STUDENTS

| Vaccine | Dose 1 date: (MM/DD/YYYY) | Dose 2 date: (MM/DD/YYYY) | Alternative documentation |
|---|------------------------------|------------------------------|---|
| Measles: MMR <input type="checkbox"/> ME <input type="checkbox"/> MM <input type="checkbox"/> MR <input type="checkbox"/> MMRV <input type="checkbox"/> | | | <i>OR upload lab test results showing immunity to measles (rubeola NOT rubella) and mumps</i> |
| Mumps: MMR <input type="checkbox"/> MM <input type="checkbox"/> MMRV <input type="checkbox"/> Mumps <input type="checkbox"/> | | | |

5. REQUIRED VACCINATIONS FOR STUDENTS UNDER 22

| Meningococcal meningitis ACWY | Age at last vaccination (must be over 16 years) | Date given (MM/DD/YYYY) |
|--|--|----------------------------|
| MenACWY-135 <input type="checkbox"/> MCV/MCV4 <input type="checkbox"/> MenACWY-TT <input type="checkbox"/> MenACWY-CRM <input type="checkbox"/> MenACWY-D or -DT <input type="checkbox"/> | | |

6. SIGNATURE OF HEALTHCARE PROVIDER (REQUIRED IF NO DOCUMENTATION ATTACHED)

Instructions: If you do not upload a document showing your immunity, a healthcare provider must complete the section below to verify all dates and vaccines. Please print and/or use clinic stamp.

| | | |
|---|--------|------|
| Signature of healthcare professional: | Date: | |
| Healthcare professional name, licensure, and address: | | |
| Phone: | Email: | Fax: |



UW IMMUNITY VERIFICATION FORM INSTRUCTIONS

1. FOR UW-SEATTLE STUDENTS: CONSENT TO CREATE AN ONLINE HEALTH RECORD

- a. UW-Seattle students who sign in this section will be able to access their immunization records in the future through Hall Health. If you do not sign, UW will not retain your records and you will not be able to request them at a future date.
- b. For students who are under 18 at the time of submission, a parent/guardian should sign

2. STUDENT INFORMATION

- a. Please provide the legal name under which you are enrolled. If the immunization records you provide do not show your current legal name, you must submit name change documentation (marriage certificate, or legal name change documentation).
- b. Your UW student ID number is seven numbers, no letters, not to be confused with your UW NetID.
- c. Note that all communication regarding the immunity verification will be sent to your UW email, and not your personal email.

3. CHOOSE YOUR CAMPUS AND/OR SPECIAL PROGRAM

- a. International English Language Program students should check yes

4. REQUIRED VACCINATIONS FOR STUDENTS ALL STUDENTS

- a. All students must provide proof of immunity to both measles and mumps, through one of the following options:
 - i. Measles – Evidence of 2 doses of vaccine given at least 28 days apart at 12 months of age or older OR evidence of a blood test (titer)
 - ii. Mumps - Evidence of 2 doses of vaccine given at least 28 days apart at 12 months of age or older OR evidence of a blood test (titer)
- b. The following vaccines may be used to satisfy the requirement:
 - i. ME or MV – measles only
 - ii. Mumps – mumps only
 - iii. MM – measles and mumps
 - iv. MMR – measles, mumps, and rubella
 - v. MMRV – measles, mumps, rubella, and varicella
- c. While most people vaccinated in the US will have received the MMR (measles, mumps, and rubella) vaccine, you do not need to provide proof of rubella.

5. REQUIRED VACCINATION FOR STUDENTS UNDER 22

- a. All students who are under 22 as of the first day of the quarter must provide proof of immunization against meningococcal meningitis A, C, W, and Y. The most recent dose must have been administered when you were between the ages of 16 and 21. If you were last vaccinated before the age of 16, you will need to get a booster shot.
- b. **The following vaccines may be used to satisfy the requirement. Please note that only conjugate vaccines are accepted. Polysaccharide vaccines do not meet the requirement.**
 - i. MCV/MCV4 – Menactra or Menveo
 - ii. MenACWY-135 – Menactra or Menveo
 - iii. MenACWY-CRM – Menveo
 - iv. MenACWY-D or MenACWY-DT – Menactra
 - v. MenACWY-TT - Nimenrix
- c. International students should note that MPSV4 cannot be used to meet the requirement. If none of the above meningitis vaccines are available to you in your home country, you can wait until you're in the US to be vaccinated.

6. SIGNATURE OF A LICENSED HEALTHCARE PROFESSIONAL

- a. If you do not provide medical records or a lab report showing proof of immunity, you will need a signature of a licensed healthcare professional. **Health care professionals must sign by hand and provide contact information. Licensed healthcare professionals include:**
 - > CLT - Clinical Lab Technician
 - > DO - Doctor of Osteopathy
 - > MD - Medical Doctor
 - > NP - Nurse Practitioner
 - > ND - Naturopathic Doctor
 - > PA - Physician Assistant
 - > RN - Registered Nurse
 - > RN-C - Registered Nurse Certified
 - > RPh - Registered Pharmacist

