



UNIVERSITY OF WASHINGTON IMMUNITY VERIFICATION FORM

Required for all University of Washington Students born after January 1, 1957.

This form is NOT required for Health Sciences Students unless under age 22. See Health Sciences requirement details:

<http://www.ehs.washington.edu/workplace/health-sciences-immunization-program-hsip>.

Covid-19 Vaccinations are reported through a different process.

See details: <https://www.washington.edu/coronavirus/vaccines>

IMPORTANT: Follow the attached instruction key.

1. STUDENT INFORMATION (Complete all sections)

FIRST NAME				LAST NAME			MIDDLE INITIAL			
	MONTH	DAY	YEAR	CURRENT AGE		STUDENT ID NUMBER (7 DIGITS NO LETTERS)				
DATE OF BIRTH										
UW EMAIL ADDRESS				OTHER EMAIL ADDRESS			ENTERING QUARTER AND YEAR			

2. CHOOSE YOUR CAMPUS

BOTHELL	SEATTLE	TACOMA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. REQUIRED VACCINATIONS: See key for age and dose requirements.

VACCINE NAME <i>*See Key for abbreviation definitions.</i>					BLOOD TEST INSTEAD OF VACCINATION DATES	VACCINATION OR TEST DATE		
ME OR MV	MM	MR	MMR	MMRV	LAB RESULTS ATTACHED + MEASLES AND MUMPS	MONTH	DAY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ME OR MV	MM	MR	MMR	MMRV		MONTH	DAY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
MUMPS GIVEN OR TESTED SEPARATELY		VACCINATION			LAB RESULTS ATTACHED + MUMPS	MONTH	DAY	YEAR
		MUMPS	<input type="checkbox"/>		<input type="checkbox"/>			
		MUMPS	<input type="checkbox"/>					

VACCINATION AGAINST MENINGITIS ACWY AT AGE 16 OR OVER IS REQUIRED FOR STUDENTS UNDER AGE 22

Vaccine Name (No other vaccines accepted. No blood test option.)				Age when vaccinated	Vaccination Date		
MCV4 (GEN)	MENACTRA	MENVEO	NIMENRIX	Must be 16 or older	MONTH	DAY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

4. SIGNATURE OF LICENSED HEALTH CARE PROFESSIONAL

(Please initial and date all corrections. See instruction key for accepted licenses .)

					MONTH	DAY	YEAR
HEALTH CARE PROFESSIONAL SIGNATURE (MANUAL SIGNATURE ONLY)							
PROFESSIONAL NAME AND LIC.		ADDRESS OR USE OFFICE STAMP			PHONE		

INSTRUCTION KEY FOR University of Washington Immunity Verification Form

1. Student information: Please provide the legal name under which you are enrolled. If the immunization records you provide do not show your current legal name, name change documentation (marriage certificate, or court record) is required. Your student id number is seven numbers, no letters, not to be confused with your UW net id.

2. Check the box for your campus.

3. Required Vaccinations: Measles, Mumps and if under age 22, Meningococcal ACWY

- Measles - **TWO** doses at least 28 days apart given after age one year.
- Mumps - **TWO** doses at least 28 days apart given after age one year.
- Meningococcal conjugate ACWY (MCV4) given between the ages of 16 and 22.
- If vaccinated against meningococcal before age 16, a booster vaccination is required.

Abbreviation definitions for vaccinations against measles and mumps and meningitis ACWY

Measles and mumps: These are usually given in childhood but if missed are given to adults.

(Any combination of vaccines that totals two doses each of measles and mumps vaccine after age one year meets the requirement.)

- ME or MV – measles only
- Mumps – mumps only
- MM – measles and mumps
- MR – measles and rubella (rubella is not required)
- MMR – measles, mumps and rubella
- MMRV – measles, mumps, rubella and varicella

MCV4 – Meningococcal Conjugate Vaccine (Quadrivalent): (given at age 16 or older; the MPSV4 vaccine is not accepted.)

- Menactra
- Menveo
- Nimenrix

4. Signature of a Licensed Healthcare Professional: a signature of a licensed healthcare professional attests to the accuracy of the vaccination dates reported on your form. Manual signatures only please. Contact information must be provided. Forms that are submitted without a signature must be accompanied by immunization records or lab results from a third-party verifiable source. Records must be legible and in English. If proof of immunity is in the form of a blood test, the lab report must be uploaded, even if the form *is* signed by licensed healthcare professional.

Licensed health care professionals authorized to sign the UW Immunity Verification Form are:

- | | |
|---|--|
| <ul style="list-style-type: none"> • CLT Clinical Lab Technician • DO Doctor of Osteopathy • MD Medical Doctor • NP Nurse Practitioner • ND Naturopathic Doctor | <ul style="list-style-type: none"> • PA Physician Assistant • RN Registered Nurse • RN-C Registered Nurse Certified • RPh Registered Pharmacist |
|---|--|

Notes: If uploading your form without a professional's signature, upload immunization records and/or lab reports. Insert or paste all documents into one pdf file to upload. To apply for medical or personal/religious exemption to the UW Immunity Verification Requirements (measles, mumps and meningitis), email immunity@uw.edu to request a form sent to your UW email address. Professional counseling and signature is required for exemption. Applications for exemption to the Covid-19 Vaccination Requirement will be reviewed through the new UW Covid-19 Vaccination Requirement process, not by the UW Immunity Verification Program. *Thank you for your cooperation!*