

# University of Wisconsin-Milwaukee Norris Health Center

## A Division of Student Affairs

P.O. Box 413

Milwaukee, WI 53201

PHONE: 414-229-4716 FAX: 414-229-4161

Website: [www.norris.uwm.edu](http://www.norris.uwm.edu)

## UNIVERSITY RECOMMENDED IMMUNIZATIONS 2014-2015

Welcome to University of Wisconsin-Milwaukee (UWM). The Norris Health Center (NHC) provides students with a broad range of primary care, health promotion and disease prevention services.

UWM **strongly recommends** all new students review their immunizations and submit an immunization record. The Centers for Disease Control recommends vaccinations specifically targeted to college students with guidelines at <http://www.cdc.gov/vaccines/adults/rec-vac/college.html>. Having your vaccination record helps NHC provide better care to you and serves to document immunizations that you may need for travel, your academic program or future employment. The more members of the campus community who are immunized the better protected we all are both during an outbreak and in our everyday life.

Please return your completed forms to the address above to the attention of Medical Records within your first term at UWM. The information you submit will be maintained by Norris Health Center and will not be released to anyone without your knowledge and consent. **Questions may be directed to: Colleen Bernstein, RN at [immunizations@uwm.edu](mailto:immunizations@uwm.edu)**

Please submit proof of the following:

- **Tetanus-Diphtheria-Pertussis (Tdap) booster**  
1 booster dose of Tdap within 10 years.  
More information at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/td-tdap.html>.
- **2 MMR (measles, mumps, rubella) Vaccines**  
Dose 1 on or after the first birthday; Dose 2 must be at least one month after the 1<sup>st</sup> dose.  
If immunization date is not available, a laboratory report of a blood test (titer) showing immunity will be accepted.  
More information at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.html>
- **2 Varicella Vaccines OR History of Chickenpox Disease OR Positive Blood Titer**  
More information at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.html>
- **2 Meningococcal Vaccine (MCV4 preferred for under 55 years of age)**  
Highly recommended for all individuals under age 21 and a priority for freshmen living in residence halls.  
If first dose given after 16 years of age, no booster 2<sup>nd</sup> dose is needed.  
More information at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>
- **3 Hepatitis B Vaccines** : More information at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>
- **3 Human Papilloma Virus Vaccines (HPV):** Recommended for all women ages 11-26 and men ages 11-21 years.  
More information at: <http://www.cdc.gov/vaccines/pubs/vis/> under the HPV section on the page

If you have received vaccines but are unsure of the details, many states now have vaccine registries with public access for you to view your vaccine history. If you have received vaccines in Wisconsin access the Wisconsin Immunization Registry at <http://dhs.wi.gov/immunization/publicaccess.htm>. NHC does enter vaccinations that you receive at the health center into the database. If your immunizations are incomplete, see your healthcare provider or local health department to get any recommended immunizations. You may contact NHC at 414-229-4716 to schedule an appointment for any necessary immunizations and tests if these are unavailable to you prior to your arrival on campus.

**HEALTH PROFESSION STUDENTS** may be required by their programs to receive additional immunizations or tuberculosis screening. **Contact your program for additional information.**

**RESIDENTIAL STUDENTS** are required by Wisconsin law (SS 36.25(46)) to affirm whether they have received vaccination against meningococcal disease and hepatitis B and to provide dates of vaccine, if any. You will provide this information at housing registration for this information to be submitted electronically if you live in UWM residential living space.

**BEFORE SUBMITTING THESE FORMS, MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.**

**UNIVERSITY RECOMMENDED IMMUNIZATION RECORD 2014-2015**

**UWM Norris Health Center**  
**P.O. Box 413**  
**Milwaukee, WI 53201-0413**  
**Phone: (414) 229-4716 Fax: (414) 229-4161**

<b>NHC use only</b>		Date
Received	___/___/___	
MMR#1	#? Tdap/Td	

All new students are urged to return this completed form to Norris Health Center at the address above at the start of the term of enrollment.

Gender:  M  F  Transgender (check one  MTF  FTM)

LAST NAME (print)	FIRST NAME	MIDDLE		
DATE OF BIRTH	COUNTRY OF BIRTH	PANTHER ID#	UWM EMAIL	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER

REGISTERING AS (circle): Undergraduate Graduate	SEMESTER/TERM ENTERING (circle): Fall Spring Summer Winterim	ENTRANCE YEAR
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**RECOMMENDED IMMUNIZATIONS**

Please complete this form and make a copy for your records. You may obtain dates/documentation from your health care provider, previous school records or your state immunization registry. If documentation is unavailable, a laboratory report of a blood test (titer) to determine level of immunity or re-immunization is recommended. Immunizations and titers may be obtained by appointment at the UWM Norris Health Center for a fee. Call (414) 229-4716 to schedule an appointment.

**1. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) or Td Tdap is the preferred vaccine and includes pertussis.**

Tdap or Td (circle) within 10 years Booster: \_\_\_/\_\_\_/\_\_\_  
 (month) (day) (year)

**2. MMR (measles, mumps, rubella)**

Immunization with two doses of MMR, given on or after first birthday and separated by at least one month

MMR #1 \_\_\_/\_\_\_/\_\_\_ MMR #2 \_\_\_/\_\_\_/\_\_\_  
 (month) (day) (year) (month) (day) (year)

**OR**

Measles #1 \_\_\_/\_\_\_/\_\_\_ Measles #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_  
 (month) (day) (year) (month) (day) (year)  
 Mumps #1 \_\_\_/\_\_\_/\_\_\_ Mumps #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_  
 (month) (day) (year) (month) (day) (year)  
 Rubella #1 \_\_\_/\_\_\_/\_\_\_ Rubella #2 \_\_\_/\_\_\_/\_\_\_ or attached lab report showing positive immunity \_\_\_  
 (month) (day) (year) (month) (day) (year)

**3. VARICELLA**

History of chickenpox disease, immunizations or positive titer

Date of Chickenpox Disease \_\_\_/\_\_\_/\_\_\_ OR attached lab report showing positive immunity \_\_\_  
 (month) (year)

**OR**

Varicella #1 \_\_\_/\_\_\_/\_\_\_ Varicella #2 \_\_\_/\_\_\_/\_\_\_  
 (month) (day) (year) (month) (day) (year)

**4. HEPATITIS B**

Series of 3 doses: 0, 1, 6 months Hepatitis B #1: \_\_\_/\_\_\_/\_\_\_ Hepatitis B #2: \_\_\_/\_\_\_/\_\_\_ Hepatitis B #3: \_\_\_/\_\_\_/\_\_\_  
 (month) (day) (year) (month) (day) (year) (month) (day) (year)

**5. MENINGOCOCCAL (MCV4 or MPSV4) MCV4 is the preferred vaccine up to age 55. 2 doses needed if first given before 16 with most recent dose within the past 5 years.**

Highly recommended for young adults up to age 21 especially students living in residence halls

MCV4 or MPSV4 #1(circle): \_\_\_/\_\_\_/\_\_\_ MCV4 or MPSV4 #2(circle): \_\_\_/\_\_\_/\_\_\_  
 (month) (day) (year) (month) (day) (year)

**6. HUMAN PAPILLOMA VIRUS (HPV): HPV #1: \_\_\_/\_\_\_/\_\_\_ HPV #2: \_\_\_/\_\_\_/\_\_\_ HPV #3: \_\_\_/\_\_\_/\_\_\_**  
 Women ages 11-26 and men ages 11-21 years (month) (day) (year) (month) (day) (year) (month) (day) (year)

**I HAVE READ AND UNDERSTAND THE IMMUNIZATION RECOMMENDATIONS OF THIS FORM AND THE ENCLOSED INFORMATION.**  
 This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at University of Wisconsin-Milwaukee.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_