

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

UNIVERSITY RECOMMENDED IMMUNIZATIONS 2021-2022

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.

Although there are no required immunizations for enrollment in most programs at the university, UWM **strongly recommends** all newly admitted or readmitted (after a two or more year absence from the university) undergraduate, graduate, professional and transfer students submit an immunization record. The Centers for Disease Control now also recommends vaccinations specifically targeted to college students and their guidelines can be found at <https://www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html>. Most state laws include requirements of proof of immunizations to elementary schools and due to the role of college campuses in recent outbreaks; it is clear how important getting vaccines and providing this information to the university health center is for a college student. It helps NHC provide better care to you and serves to document immunizations that you may need for travel 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 the first 30 days of your first session/term at UWM or submit through our electronic health record portal. The information you submit will be maintained by Norris Health Center and will not be released to anyone without your knowledge and consent. Please note that if you are a Wisconsin resident, we may use Wisconsin Immunization Registry to access your documented prior vaccinations.

Questions may be directed to: NHC Nursing at 414-229-4716

Please submit proof of the following:

- **COVID-19 Vaccine**
Completed full series, either 1 or 2 doses. More information at: <https://www.cdc.gov/vaccines/covid-19/eua/index.html>
- **Tetanus-Diphtheria-Pertussis (Tdap) booster**
1 booster dose of Tdap within 10 years.
More information at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/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 1st dose. If immunization date is not available, a laboratory report of a blood test (titer) showing immunity will be accepted.
More information at: <https://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: <https://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 19 and a priority for freshmen living in residence halls.
If first dose given after 16 years of age, no booster 2nd dose is needed.
More information at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>
- **Serogroup B Meningococcal Vaccines (MenB)**
Strongly consider for Adolescents and young adults 16 through 23 years old because of increased risk of meningococcal disease.
More information at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>
- **3 Hepatitis B Vaccines** : More information at: <https://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: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html> 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>. 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.

Some students may be required by their department to receive additional immunizations. **Contact your department 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 be asked again 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 2021-2022

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

NHC use only		Date Received ___/___/___
MMR#1 ___ #2 ___	Tdap/Td ___	Varicella#1 ___ #2 ___
HepB#1 ___ #2 ___ #3 ___	MCV4/MPSV4 #1 ___ #2 ___	
HPV #1 ___ #2 ___ #3 ___	COVID-19 #1 ___ #2 ___	
Bexaro #1 ___ #2 ___	or Trumenba#1 ___ #2 ___ #3 ___	
Complete Y N ___	Entered Y N ___	Reviewed by: _____

All newly admitted or readmitted students (after a two or more year absence from the University) 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 Trans MTF FTM Self-Identify Prefer not to answer

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): Undergrad 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 or previous school records. 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.

COVID-19 Vaccine COVID-19 #1 ___/___/___ COVID-19 #2 ___/___/___ Manufacturer _____

All students are advised to upload their COVID-19 Vaccine information for UWM at <https://uwm.edu/coronavirus/>.

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

Tdap or Td (circle) within 10 years Booster: ___/___/___

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 ___/___/___	OR
Measles #1 ___/___/___	Measles #2 ___/___/___	or attached lab report showing positive immunity ___
Mumps #1 ___/___/___	Mumps #2 ___/___/___	or attached lab report showing positive immunity ___
Rubella#1 ___/___/___	Rubella #2 ___/___/___	or attached lab report showing positive immunity ___

3. VARICELLA

History of chickenpox disease, immunizations or positive titer

Date of Chickenpox Disease ___/___/___ **OR** attached lab report showing positive immunity ___

Varicella #1 ___/___/___ Varicella #2 ___/___/___ **OR**

4. HEPATITIS B

Series of 3 doses: 0, 1, 6 months

Hepatitis B #1: ___/___/___ Hepatitis B #2: ___/___/___ Hepatitis B #3: ___/___/___

5. MENINGOCOCCAL (MCV4 or MPSV4) MCV4 is the preferred vaccine up to age 55 (2 doses needed if first given before 16)

Highly recommended for young adults up to age 19 and ALL freshmen living in residence halls

MCV4 or MPSV4 #1(circle): ___/___/___ MCV4 or MPSV4 #2(circle): ___/___/___

6. SEROGROUP B MENINGOCOCCAL

Strongly consider for young adults up to age 23

Bexsero #1: ___/___/___ Bexsero # 2: ___/___/___

OR
 Trumenba #1: ___/___/___ Trumenba # 2: ___/___/___ Trumenba # 3: ___/___/___

7. HUMAN PAPILOMA VIRUS (HPV)

Women ages 11-26 and men ages 11-21

HPV #1: ___/___/___ HPV #2: ___/___/___ HPV #3: ___/___/___

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: _____