

WashU MEDICINE IMMUNIZATION COMPLIANCE FORM

2026-2027 Immunization Form

For ALL full-time medical campus students

STUDENT INFORMATION	Last Name:		First Name:	
	Date of Birth		Street Address	
	Medical School Program		City	
	Cell Phone		State	
	Primary Email		ZIP Code	
	Student ID			
	<p>Ensure that you fully complete your name and contact information above.</p> <p>Students must supply authentic, supporting vaccine and/or laboratory documentation. Records be provided in English (originally) or translated by a licensed professional translation service and must include the following information: full name, date, and vaccine record or test result with the laboratory reference range.</p> <p>Contacting your primary care physician, looking in an electronic medical record (for example MyChart), or through baby books or family files are all strategies for locating your childhood records.</p> <p>Students with any missing vaccine records must submit ACTUAL LAB REPORTS for any relevant lab results and titers (e.g. measles, mumps, rubella and Varicella) and must include the following information: full name, date, and vaccine record or test result with the laboratory reference range. You should receive your required immunizations/testing before you arrive at the university. You are responsible for the cost of any pre-matriculation requirements. Your requirements should be completed and sent to Student Health by July 15th.</p>			

REQUIRED	MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine separated by at least 28 days apart or two (2) doses of Measles, two (2) doses of Mumps and (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. If MMR dose #1 is before 1 year of age, you must revaccinate with an additional dose of MMR or provide proof of laboratory immunity.				Copy Attached
	Option 1	Vaccine	Date		
	2 doses of MMR Vaccine	MMR Dose #1			<input type="checkbox"/>
		MMR Dose #2			
	Option 2	Vaccine or Test	Date		
	2 doses of vaccine or positive serology	Measles Vaccine Dose #1		Serology Results	<input type="checkbox"/>
		Measles Vaccine Dose #2			
		Serologic Immunity (IgG antibody titer)			
	2 doses of vaccine or positive serology	Mumps Vaccine Dose #1		Serology Results	<input type="checkbox"/>
		Mumps Vaccine Dose #2			
		Serologic Immunity (IgG antibody titer)			
	2 doses of vaccine or positive serology	Rubella Vaccine Dose #1		Serology Results	<input type="checkbox"/>
		Rubella Vaccine Dose #2			
		Serologic Immunity (IgG antibody titer)			
	Tetanus-diphtheria-pertussis “Tdap” – One (1) dose of adult Tdap given on or after age 11 years old is required. If last Tdap is more than 10 years old, revaccination is required with Td or Tdap vaccine.				
	Tdap Vaccine (Adacel, Boostrix, etc)			<input type="checkbox"/>	
	Td Vaccine (if more than 10 years since last Tdap)				
Varicella (Chicken Pox) - 2 doses of vaccine (separated by at least 28 days apart or positive titer demonstrating immunity.) A documented history of having chickenpox is not acceptable. If Varicella dose #1 is before 1 year of age, you must revaccinate with an additional dose of Varicella or provide proof of laboratory immunity.					
	Varicella Vaccine #1		Serology Results	<input type="checkbox"/>	
	Varicella Vaccine #2				
	Serologic Immunity (IgG antibody titer)				Titer results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative

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 (Last, First, Middle Initial) (mm/dd/yyyy)

Hepatitis B Vaccination – 3 doses of a 3 dose vaccine series or 2 doses of a 2-dose series is required FOR ALL STUDENTS.

❖ **Required for MED/MSTP/PT/OT/PACs Students only:** Hepatitis B Quantitative titer >10mIU/mL is positive for immunity. Student Health Services will only accept the ACTUAL LAB REPORT indicating the results. All documentation must include the following information: full name, date, and test result **with reference range**.

If the titer is non-reactive or negative, you should receive one additional Hepatitis B vaccine (preferred vaccine is the Heplisav-B vaccine) and recheck the *quantitative titer* **NO SOONER** than 28 days later. This may take some time to resolve prior to your start date, so please give this matter your attention.

REQUIRED	Primary Hepatitis B Series	3- dose vaccines (Energix-B, Pre-Hevbrio, Recombivax HB Twinrix) or 2-dose vaccine (Heplisav-B)	3 Dose Series Date	2 Dose Series Date	Copy Attached
	Heplisav-B only requires two doses of vaccine	Hepatitis B Vaccine Dose #1			<input type="checkbox"/>
		Hepatitis B Vaccine Dose #2			
		Hepatitis B Vaccine Dose #3			
	Additional doses of Hepatitis B Vaccine	QUANTITATIVE HepB surface Antibody Test	Results Date	_____MIU/mL	<input type="checkbox"/>
	Heplisav-B only requires two doses of vaccine followed by antibody testing	If negative/nonreactive to primary series Hepatitis B Vaccine Dose #4			
	Repeat QUANTITATIVE HepB surface Antibody Test	Results Date	_____MIU/mL	<input type="checkbox"/>	

RECOMMENDED – BUT NOT REQUIRED	We also recommend that students provide proof of immunization for the following, although these are not required to achieve mandatory immunization compliance:			
	Influenza Vaccine – 1 dose required annually each fall semester			
	COVID – 19 Vaccine – 1 dose of updated 2024-2025 COVID-19 vaccine if previously vaccinated with any COVID-19 vaccine, administered > 8 weeks after the last dose			
	Primary Series Type	Primary Series #1	Primary Series #2	Booster
	Typhoid	<input type="checkbox"/> Injectable <input type="checkbox"/> Oral		
	HPV (Human Papillomavirus)	Dose #1	Dose #2	Dose #3
Hepatitis A	Dose #1	Dose #2		
Polio	Completed primary series: <input type="checkbox"/> Oral <input type="checkbox"/> Inactivated			

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Required Tuberculosis Screening for ALL Health Science Students

IGRA must be completed within 6 months prior to matriculation.				
Please complete section A. Complete Section B if applicable.				
Section A				
IGRA - within 6 months prior to matriculation:			DATE	
TB Blood Test <input type="checkbox"/>	T-Spot <input type="checkbox"/>	QuantiFERON Gold <input type="checkbox"/>	___/___/___	<input type="checkbox"/> Attach required lab report
Section B (if applicable)				
Positive IGRA? Or Positive Skin Test? History of Latent TB or Active TB?				
Positive IGRA blood Test	Date	Test Completed:		<input type="checkbox"/> Attach required lab report
	___/___/___	<input type="checkbox"/> QuantiFERON Gold	<input type="checkbox"/> T-Spot	
Positive PPD	Date Placed	Date Read	Reading	
	___/___/___	___/___/___	_____mm	
History of BCG Vaccination? Check one: <input type="checkbox"/> NO <input type="checkbox"/> YES Date: _____				
TB Treatment: <input type="checkbox"/> Latent TB <input type="checkbox"/> Active TB If diagnosed with latent TB or active TB, did the patient complete a course of medication?				
If yes, list medication(s): _____ When? _____ Number of months: _____ <input type="checkbox"/> Attach Required Documentation				
Chest x-ray only if TB testing positive		<input type="checkbox"/> Chest X-Ray	Date ___/___/___	<input type="checkbox"/> Attach Chest X-Ray report
For verification of your immunization information, two steps are required:				
Step 1: Enter the information on this form electronically into the Student Portal (https://sehistory.wustl.edu/Immunity/Create)				
Step 2: Email a completed PDF of this form and all lab reports to studenthealthservice@wusm.wustl.edu Ensure that the form is signed, all sections are completed, and that you have met all applicable WashU Medical Campus immunization requirements.				
<i>First and Last Name must be on each page</i>				
Student Signature Section				
I attest that the information on this form is true and accurate to the best of my knowledge.				
Signature of Student _____				Date ___/___/___

It is recommended that you bring three months of your medication, including contraceptive medication, so you will have enough time to establish care with Student Health for refills.

Additional Information