

Incomplete information or invalid dates on this form will prevent you from registering for future semesters and a **HOLD** will be placed on your account. Students not in compliance with this law **will not** be allowed to attend classes. Complete this form with your healthcare provider, obtain all required inoculations, and submit the form to Student Health via mail, fax, or drop off (see contact information below).

**MANDATORY
IMMUNIZATION
FORM**

The District of Columbia Immunization Law requires that **ALL STUDENTS, UNDER AGE 26** provide proof of the following immunizations prior to registration:

1. **One Tetanus-diphtheria** booster given within the past ten years, *and*
2. **Two** vaccinations against **Measles, Mumps and Rubella (MMR)**, *and*
3. **Two** vaccinations against **Varicella** (Chickenpox) or history of Chickenpox.

Meningococcal Meningitis vaccine is **STRONGLY RECOMMENDED** for students living in residence halls.

Exemptions: Students who meet statutory requirements for exemption based on a religious or medical reason must submit: 1) this form, 2) a letter from a clinician or religious clergy which states the need for exemption, and 3) titer results for Measles, Mumps, Rubella, and Varicella.

RETURN DEADLINES: August 1st for Fall enrollment -or- January 1st for Spring enrollment

PLEASE PRINT LEGIBLY

Last Name	First	MI
Email address		
Phone Number for the next 45 days		

GW ID: <u>G</u> _____
Date of Birth (MM / DD / YYYY)
Semester / Year of Entry

REQUIRED IMMUNIZATIONS

① **Tetanus-diphtheria**
(Booster in the last 10 years)

Date

③ **History of Chicken Pox**

Date or Age
Date
Date

-OR-

Varicella – Dose 1

Varicella – Dose 2
(given at least one month after dose 1)

-OR-

Positive Antibody Titer
Enclose copy of titer results

② **MMR – Dose 1**
(given after age one)
MMR – Dose 2
(given at least 30 days after dose 1)

Date
Date

-OR-

Measles – Dose 1
Dose 2

Date 1
Date 2
Date 1
Date 2
Date 1
Date 2

Mumps – Dose 1
Dose 2

Rubella – Dose 1
Dose 2

-OR-

Positive Antibody Titers
Enclose copy of titer results

RECOMMENDED IMMUNIZATIONS

*The following immunizations are NOT REQUIRED to attend GWU, but are strongly recommended.

④ Hepatitis B			-OR-
(Dose 1) Date _____	(Dose 2) Date _____	(Dose 3) Date _____	Hepatitis B Antibody Titer
			___ Positive
			___ Negative
⑤ Meningococcal Vaccine	Date _____		

Healthcare Provider Signature, Title Date

Healthcare Provider Phone Number

For more information, please contact us at:
2141 K Street, NW · Suite 501 · Washington, DC · 20037
Phone: 202-994-6827 · Fax: 202-973-1572 · <http://gwired.gwu.edu/shs>