

IMMUNIZATION VERIFICATION FORM

Welcome to Duquesne University!

@ k-j y@k -) † 7 K
Submitting the IMMUNIZATION VERIFICATION FORM – @U h \ k u ° V u
u _____ h

o ù @ † 7
u 7 U y o u immunization information as well as the provider's signature, title, date, address, and organization stamp. Individuals who submit the
@ † 7
h

English) by selecting the Immunization Upload option from either "Upload"

GhYd : : f c a h \ Y ~ \ c a Y g Wf Y Y b ~ c Z h \ Y < Y U h \ G Y f j] W Y G h F X & b h f D X f h f D g W W b W f h h Y Y - g a h i X Y] b r h U h
] a a i b] n U h] d b X U Y Y g W c f f Y g d c b X] b [U f Y U " D Y U G Y Y b h Y f U U j U] U V Y] a a i b] n U h] c b X U h Y g U g g c a

Duquesne University Health Services reserves the right to share immunization status with Duquesne University personnel on an as needed basis.

o

o

• u

@ † 7

• \ k o # ° V

O) \ k @ _____) y U y V K h 8 K

o o u y) - V u 8 \ u \

o = o k h o @ V @

7

7 y h O \ t à b) Select DUQUESNE IMMUNIZATION VERIFICATION FORM in the "# " drop-down box below the list of

7. Choose "Select File" to add saved image of the immunization verification form.

o y " U @ u

Please visit our FAQ's page regarding any further questions or concerns, for your assistance:
<http://www.duq.edu/life-at-duquesne/health-recreation-and->

u
) y s = o

DUQUESNE IMMUNIZATION VERIFICATION FORM

LAST NAME	FIRST NAME	DATE OF BIRTH (MM / DD / YYYY)	DUQUESNE ID NUMBER
-----------	------------	--------------------------------	--------------------

REQUIRED VACCINES: ** = Required (Note to provider: Please accurately complete)

<p>** MEASLES, MUMPS, RUBELLA (MMR) ** REQUIRED FOR ALL DEGREE-SEEKING STUDENTS two doses of MMR vaccine dose 1 MUST be given on or after patients 1st birthday. and Dose 2 given at least 4 weeks after the initial dose or Individual vaccines of 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Confirmed immunity from blood titer test (equivocal and negative results are NOT accepted)</p>	MMR Dose 1		Measles Dose 1	Mumps Dose 1	Rubella Dose 1
	OR	MMR Dose 2	Measles Dose 2	Mumps Dose 2	
	OR	Measles Titer	Mumps Titer	Rubella Titer	Attached copy of lab results required if providing titer information
<p>** COVID-19 ** two doses of Pfizer or Moderna given at the appropriate intervals or one dose of Johnson and Johnson (if other- please list as requested)</p>	Covid-19 Dose 1	Covid-19 Dose 2	Moderna _____ Pfizer _____ Johnson & Johnson _____ other (please indicate name below) _____		
<p>** Meningococcal Conjugate(MCV4) ** dose MUST be on or after the students 16TH birthday (this is required for all students who reside on campus)</p>	Meningococcal MCV4	Please specify vaccine type such as Menactra or Menveo			

RECOMMENDED (not required):

Hepatitis A	Hep A Dose 1 MM / DD / YYYY	Hep A Dose 2 MM / DD / YYYY			
Hepatitis B	Hep B Dose 1 MM / DD / YYYY	Hep B Dose 2 MM / DD / YYYY	Hep B Dose 3 MM / DD / YYYY		
Meningococcal (Serogroup B)	Men B Dose 1 MM / DD / YYYY	Men B Dose 2 MM / DD / YYYY	Men B Dose 3 MM / DD / YYYY	Please specify vaccine type such as Trumenba or Bexsero	
HPV (Human Papilloma)	HPV Dose 1 MM / DD / YYYY	HPV Dose 2 MM / DD / YYYY	HPV Dose 3 MM / DD / YYYY		
Tdap (tetanus, diphtheria, acellular pertussis) [this is not the same as DTap]	Tdap - Last dose MM / DD / YYYY				
Varicella Vaccines	Varicella Dose 1 MM / DD / YYYY		Varicella Dose 2 MM / DD / YYYY		

* = Required

Date:	Healthcare Provider Name (please print):	Signature and Title:	Phone Number & Address:
Organizational Stamp		Please do not mail, fax, email us a copy of your immunization records as they will not be processed without being uploaded along with a completed Duquesne Immunization Verification Form.	
PROVIDER: Provide this completed form and/or a copy of any blood titer tests confirming immunity to the student. STUDENT: Upload the completed Immunization Verification Form and all other related documents through the University Health Service Student Portal.			