

DUQUESNE UNIVERSITY IMMUNIZATION REQUIREMENTS

Welcome to Duquesne University!


Completion of this **Immunization Verification Form** is **required** and must be submitted electronically as per the *steps outlined below*. Incoming new students for fall semester must do so by July 31 (and those admitted to begin classes in spring semester by January 5).

Submitting the IMMUNIZATION VERIFICATION FORM – IMPORTANT

This is a **2-step process**. Please follow instructions for each step carefully and complete in the following order to ensure that your records are processed without delay. ALL documentation must be in English.



Step #1: Take the Immunization Verification Form to your healthcare provider for completion.

The Form MUST contain the required immunization information as well as the provider's signature, title, date, address, and organization stamp. Individuals who submit the Immunization Verification Form with missing required information or who otherwise demonstrate non-adherence to immunization requirement specifications will be deemed non-compliant. Please note that recommended immunization dates should also be provided as requested. A physical examination is NOT required for admission to Duquesne University.

Step #2: With your university issued credentials (student DORI user name) and multipass password (that you have created)*, log into DORI and then the Health Service Student Portal and upload an image of the completed Immunization Verification Form (in English) by selecting the Immunization Upload option from either "Upload"  Upload area in the portal. (Detailed instructions below). Acceptable image file types are: PNG, JPG, JPED, GIF. PDF files are NOT acceptable due to security reasons. Keep the original document in your home records.

**Sharing your student access password with anyone is against Duquesne University security policies.*

Submission Steps:

1. After your healthcare provider has completed the Form, create image files of the document. Suggestions:
 - Take a photo with a mobile device camera or other digital process, assuring that photo is clear. Save the image. Take care to ONLY upload the image of the Immunization Verification Form, as uploaded images are permanently entered directly into your electronic medical record.
 - OR you may also SCAN the form if it is saved as an image file such as a JPG, JPEG, PNG, or GIF, under 4MB. There are free scanning apps for most mobile devices.
2. Log into DORI through the Duquesne University website: <http://www.duq.edu/dori> using your student Multipass User Name and Password.
3. Select STUDENT from GO-TO (*next to name at top of page*)
4. Select Health Service Student Portal (*indented under Resources & Information section of Student News & Information Tab*)
5. Follow instructions in text box. Select  Upload from top or bottom of page.
6. Select IMMUNIZATION VERIFICATION FORM from the "Choose document you are uploading" box in the drop-down below the list of available options.

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

Communication regarding non-compliance will be done via email notification from Duquesne University Health Service.

Should you encounter any technical issues with the online submission process, please email duhealth@duq.edu and include the student name & birthdate, and a description of the technical problem or error encountered.

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-wellbeing/health-service/health-service-student-portal-and-immunization-compliance-frequently-asked-questions>

Thank you,
Duquesne University Health Service

DUQUESNE IMMUNIZATION VERIFICATION FORM

LAST NAME	FIRST NAME	DATE OF BIRTH (MM / DD / YYYY)	DUQUESNE ID NUMBER
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REQUIRED VACCINES: * = REQUIRED

* MEASLES, MUMPS, RUBELLA REQUIRED for all degree-seeking students Dose 1 MUST be given on or after 1 st birthday Dose 2 must have been given at least 4 weeks after Dose 1 2 doses of MMR vaccine OR Individual vaccines – 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella OR Blood test titer results confirming immunity - (<u>equivocal and negative results are NOT accepted</u>)	<u>MMR Dose 1</u> ____/____/____ MM DD YYYY	OR	Measles Dose 1 ____/____/____ MM DD YYYY	Mumps Dose 1 ____/____/____ MM DD YYYY	Rubella Dose 1 ____/____/____ MM DD YYYY
	<u>MMR Dose 2</u> ____/____/____ MM DD YYYY		Measles Dose 2 ____/____/____ MM DD YYYY	Mumps Dose 2 ____/____/____ MM DD YYYY	
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	Measles Titer ____/____/____ MM DD YYYY	Mumps Titer ____/____/____ DD YYYY	Rubella Titer ____/____/____ MM DD YYYY	* Attached copy of lab results required if providing titer information	

* MENINGOCOCCAL CONJUGATE (MCV4) REQUIRED for students living in University Housing! ACCEPTED ONLY if received on or after 16 th birthday.	Meningococcal MCV4 ____/____/____ MM DD YYYY	Please specify vaccine type (<u>such as Menactra</u>) _____
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RECOMMENDED (not required/provide if available):

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 B Vaccine (Serogroup B)	Men B Dose 1 ____/____/____ MM DD YYYY	Men B Dose 2 ____/____/____ MM DD YYYY	Men B Dose 3 ____/____/____ MM DD YYYY
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 given: ____/____/____ MM DD YYYY		
Varicella Vaccines	Varicella Dose 1: ____/____/____ MM DD YYYY	Varicella Dose 2: ____/____/____ MM DD YYYY	
Tuberculosis Screening by IGRA Blood Test (Required for International Students and others if advised)	Date of Results: ____/____/____ RESULT: Negative / Positive		

*** = ALL FIELDS REQUIRED**

* Date:	* Healthcare Provider Name (please print):	* Signature and Title:	* Phone Number & Address:
* Organizational Stamp		DO NOT FAX, EMAIL, or POST-MAIL this form or other immunization records. Requirements will not be processed unless uploaded in the portal with a completed Duquesne Immunization Verification Form. PROVIDER: Provide all dates on form and attach corresponding copies of any blood test results confirming immunity. STUDENT: Upload the completed Immunization Verification Form and all other related documents through the University Health Service Student Portal.	