DUQUESNE UNIVERSITY IMMUNIZATION REQUIREMENTS

Welcome to Duquesne University!

Completion of the 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 3-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 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” area at the top or bottom of the textbox in the HOME tab or at the top of the IMMUNIZATION tab in the portal. (Detailed instructions below).** Acceptable image file types are: PNG, JPG, JPEG, GIF. PDF files are **NOT** acceptable due to security reasons. Keep the original document in your home records.

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

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**Step #3: From the "home screen" of the Health Service Student Portal select the "Immunization"tab and scroll down to select Required-All Students. Please enter the student immunization dates in the corresponding area. Please enter all available immunization dates as some majors require additional immunizations.

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**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](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**
6. From the **UPLOAD** tab, Select DUQUESNE IMMUNIZATION VERIFICATION FORM in the “Choose document you are uploading” drop-down box 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. Now that you are a student you should frequently monitor your email for important university communications!

If 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](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 UNIVERSITY HEALTH SERVICE**  
2ND FLOOR UNION  600 FORBES AVENUE  
PITTSBURGH, PA 15282  
PHONE (412) 396-1650

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**DUQUESNE IMMUNIZATION VERIFICATION FORM**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>DATE OF BIRTH (MM / DD / YYYY)</th>
<th>DUQUESNE ID NUMBER</th>
</tr>
</thead>
</table>

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

- **Measles, Mumps, Rubella (MMR)**  
  REQUIRED for all degree-seeking students  
  Dose 1 MUST be given on or after 1st birthday  
  Dose 2 must have been given at least 4 weeks after Dose 1  
  2 doses of MMR vaccine  
  Individual vaccines – 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella  
  Blood test titer results confirming immunity - (equivocal and negative results are NOT accepted)

- **Meningococcal Conjugate (MCV4)**  
  DOSE MUST BE on or after 16th birthday - Required for students living ON CAMPUS

**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

- **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**
  - Varicella Dose 1
    - / / MM DD YYYY
  - Varicella Dose 2
    - / / MM DD YYYY

**Attached copy of lab results required if providing titer information**

- **Meningococcal MCV4**
  - / / MM DD YYYY
  Please specify vaccine type such as Menactra or Menveo

**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.

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03/2017  
IMMUNIZATION VERIFICATION FORM  
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We believe that getting vaccinated is a critical step in protecting your health. Vaccines can help prevent common diseases that can be serious and costly for you or your loved ones.

Each year, thousands of adults in America suffer serious health problems (and some even die) from diseases they could be vaccinated against like whooping cough, hepatitis A and B, flu and pneumococcal diseases, and shingles. Older adults and those with chronic health conditions are at increased risk for complications from certain diseases.

Please take a moment to fill out the questionnaire below to help us determine which vaccines may be recommended for you based on your specific health status, age, and lifestyle. Keep in mind that this list may not include every vaccine you need.

<table>
<thead>
<tr>
<th>Check all that apply to you</th>
<th>Let’s discuss these recommended vaccines</th>
</tr>
</thead>
</table>
| □ I am 19 years or older   | • Seasonal Flu (Influenza) vaccine every year  
   | • Tetanus (Td) vaccine every 10 years 
   | • One time dose of whooping cough (Tdap) vaccine for all adults who have never received Tdap vaccine |
| □ I have heart disease, asthma or chronic lung disease | • One dose of pneumococcal vaccine is recommended |
| □ I didn’t receive the Human papillomavirus (HPV) vaccine series as a child | • HPV vaccine series (3 dose series)  
   |   □ Female age 26 or younger 
   |   □ Male age 21 or younger 
   |   □ Male age 22-26 who has sex with men, who has a weakened immune system, or who has HIV |
| □ I have not been vaccinated or have immunity against measles, mumps, and rubella | • Measles, mumps, rubella (MMR) vaccine (one or two doses) |
| □ I am a healthcare worker | • Hepatitis B vaccine series  
   | • Measles, mumps, rubella (MMR) vaccine*  
<p>| • Varicella “chickenpox” vaccine* |</p>
<table>
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</tr>
</thead>
</table>
| □ I have type 1 or type 2 diabetes | • Hepatitis B vaccine series  
• Pneumococcal polysaccharide vaccine |
| □ I have a weakened immune system | • Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide ≥8 weeks later)  
• HPV vaccine series (if 26 years of age or younger and not previously vaccinated)  
• Hib vaccine (post-hematopoietic stem cell transplant only) |
| □ I have HIV | • Hepatitis B vaccine series  
• Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide ≥8 weeks later)  
• HPV vaccine series (if 26 years of age or younger and not previously vaccinated) |
| □ I have chronic liver disease | • Hepatitis A vaccine series  
• Hepatitis B vaccine series  
• Pneumococcal polysaccharide vaccine |
| □ I do not have a spleen or my spleen does not work well | • Hib vaccine  
• Meningococcal vaccine  
• Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide ≥8 weeks later) |
| □ I am a man who has sex with men | • Hepatitis A vaccine series  
• Hepatitis B vaccine series  
• HPV vaccine series (if 26 years of age or younger and not previously vaccinated) |
| □ I am a laboratory worker and may be routinely exposed to isolates of Neisseria meningitidis, or specimens potentially containing hepatitis A or hepatitis B virus | • Hepatitis A vaccine series  
• Hepatitis B vaccine series  
• Meningococcal vaccine |
| □ I am a college freshman living in a residence hall | • Meningococcal vaccine  
• Measles, mumps, rubella (MMR) vaccine* |
| □ I am planning to travel out of the U.S. | • Talk to your healthcare professional to learn which vaccines you may need based on locations of travel. |

*This is a live vaccine and should not be given to people who have a very weakened immune system, including those with a CD4 count less than 200, or to pregnant women.