

Miami University Immunization Records

Instructions

- A licensed healthcare professional **MUST** complete and sign these forms. We also accept immunization reports printed from your provider (must include office logo or stamp).
- Forms must be completed in or translated to English.
- Print clearly with dark black or blue ink.
- Review forms for completeness and accuracy. Double check all signatures. Dates should be in MM/DD/YYYY format.
- Consult your healthcare professional before receiving any of the required or recommended immunizations.
- **UPLOADING YOUR FORMS:** Scan or photograph your documents as JPGs or PDFs for upload. Upload your completed forms to [MiamiOH.edu/VaccineRecordForm](https://miamiOH.edu/VaccineRecordForm).
 - Incomplete/illegible writing and poor images will be rejected.
 - You can upload multiple documents by holding the control or command key when you are selecting files.

Records are due by Aug. 1 (fall semester) or Jan. 15 (spring semester).

Required for Miami University Oxford Students

1. **Tdap:** 1 adult dose in the last 10 years.
2. **Hepatitis B:** 3 doses -OR- lab report confirming immunity.
3. **MMR:** 2 doses of MMR (second one must have occurred on or after first birthday) -OR- lab reporting confirming immunity for each.
4. **Varicella:** 2 doses of varicella -OR- lab report confirming immunity.
5. **Polio:** 3 or more doses of IPV or OPV. If the third dose was received prior to 4th birthday, a fourth dose is required. If a combination of OPV and IPV was received, 4 doses of either are required.
6. **Meningococcal conjugate (ACWY):** 1 dose after age 16.
7. **COVID-19:** 2 doses of Pfizer or Moderna, or 1 dose of Johnson and Johnson. For international students, Miami will accept vaccines approved by the World Health Organization (WHO).

In addition to these required immunizations, screening for tuberculosis will be required for the following:

1. New international students.
2. Students returning from travel to a high-risk country (as determined by CDC data) for greater than six weeks.

This screening will be scheduled once you arrive on campus by Student Health Services in collaboration with International Student Scholar Services.

Recommended for Miami University Oxford Students

- Hepatitis A
- Meningococcal B*
- HPV

Optional Vaccines

- Pneumococcal
- JE - Japanese Encephalitis
- Typhoid
- Yellow Fever
- Rabies

Recommended and optional immunizations can be obtained at Student Health Services. Call 513-529-3000 to make an appointment.

Miami University Immunization Record Form

Student Name:

Date of Birth (MM/DD/YYYY):

Red = Required
Blue = Recommended
Black = Optional

EXAMPLE VACCINE			
Format	MM	DD	YYYY
Example	03	07	2021

Immunization history is (check all that apply):

- Attached – must include student’s name and date of birth in English.
- Marked below – only a healthcare provider should complete this form.

TDaP Booster		Required	
Past 10 yrs			

Polio		Required	
1 st			
2 nd			
3 rd			
4 th			

Hepatitis A		Recommended	
1 st			
2 nd			

Typhoid		Optional	
One			

Hepatitis B		Required	
1 st			
2 nd			
3 rd			

Meningococcal B		Recommended	
1 st			

Yellow Fever		Optional	
One			

MMR (Measles, Mumps, Rubella)		Required	
1 st			
2 nd			

Meningococcal A		Required	
1 st			
2 nd			

*2nd dose if 1st is before age 16.

HPV		Recommended	
1 st			
2 nd			
3 rd			

Rabies Pre-Exposure		Optional	
1 st			
2 nd			
3 rd			

Varicella Chicken Pox		Required	
1 st			
2 nd			

COVID-19		Required	
1 st			
2 nd			
3 rd			
4 th			

Pneumococcal		Optional	
One			
PPSV23	<input type="checkbox"/>	PCV13	<input type="checkbox"/>

JE		Optional	
One			

Vaccine Manufacturer(s):

REQUIRED: Healthcare Professional Signature (Complete all and place office stamp at bottom of page).

PRINTED HEALTHCARE PROFESSIONAL FIRST/LAST NAME	NPI NUMBER (not required for US service members or international students)	OFFICE PHONE NUMBER
HEALTHCARE PROFESSIONAL SIGNATURE (NON-PARENT)		SIGNATURE DATE

OFFICE STAMP