



# Immunizations

Highlighted items (marked with \*\*) are Entrance Medical Requirements -- immunizations and tests students must have before they begin their studies.

Slippery Rock University Student Health Center follows PA Dept of Health guidelines for immunization requirements. Vaccination requirements marked **[REQUIRED]\*\*** must be met prior to class registration for the safety of the entire campus community.

**1: Measles, Mumps, and Rubella (MMR) [REQUIRED] \*\***

**Measles, Mumps, and Rubella Immunity**

Measles, Mumps, and Rubella are serious communicable diseases that can spread in close living or classroom environments. All students must be immunized to prevent these outbreaks.

Combined MMR immunization or individual measles/mumps/rubella immunizations or serologic (blood test) evidence of immunity for each are required if you were born after 1956. You can meet the requirements either by combined MMR immunizations or by individual immunizations or by test results.

Check here if you are showing proof of immunity by submitting a blood test/titer/serologic evidence of immunity. Please send a copy of results to Student Health Center for your medical record.

If you have never been immunized for measles, mumps, and/or rubella, you should do so now and then complete this form with your updated immunization information.

Please provide the dates of your combined MMR immunizations below. Two doses are required.

Date for Dose 1:

Date for Dose 2:

**2: Tetanus, Diphtheria and Pertussis (Tdap) Immunization [REQUIRED] \*\***

If you have not had a Tdap immunization within the last 10 years, you should do so now and then complete this form with your updated immunization information.

Please provide the date on which the most recent dose was given:

Date for Dose 1:

**3: Meningococcal (MCV4) [Recommended] Please read / [Meningitis Fact Sheet](https://studenthealthportal.sru.edu/local/Meningitis%20Fact%20Sheet2.pdf) (https://studenthealthportal.sru.edu/local/Meningitis%20Fact%20Sheet2.pdf).**

**If you live in university-owned housing, by Pennsylvania law, you must provide date of vaccination or sign a waiver during check in to your residence hall.**

If you received Meningitis vaccine before age 16, you will need a booster (total of 2 doses).

If you received the 1st dose at or after age 16 you do not need a booster dose. (one dose total)

Please enter the date of any **Meningococcal** vaccine you were given.

Date for Dose 1:

Date for Dose 2:

**4: MENINGOCOCCAL SERO GROUP B [Recommended]**

Meningococcal Group B is not an Entrance Medical Requirement, but may have been received to cover Group B.

Please indicate the date that each dose was given. Up to 3 doses may have been given depending on brand. Bexsero, 2 doses. Trumenba, 3 doses.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

**5: Tuberculosis Testing [Satisfies screening requirement]**

Please complete the TB screening questionnaire. See Health Forms.

**REMINDER- ALL international Students must have a PPD skin test, chest xray or IGRA blood test within 6 months prior to starting classes.**

If you have had a PPD test for Tuberculosis, please record the result here.

Date for Dose 1:

**6: Hepatitis B [Recommended for all students]**

**Hepatitis B immunization is requirement for many health profession programs.**

Please indicate the date that each dose of Hepatitis B vaccine was given. Three doses are required.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

**7: Varicella (Chicken Pox) [Recommended]**

**Varicella immunization or evidence of immunity is a requirement for many health profession programs.**

You must provide dates of immunizations or date and result of serology.

If you received individual immunizations for Varicella, please indicate the date that each dose was given. Two doses required.

Date for Dose 1:

## Immunizations

Date for Dose 2:

### 8: Human Papilloma Virus (HPV) [Recommended]

Please provide the dates of your HPV immunizations below.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.

**If you have any questions about the items on this page, or need to make changes after it has been submitted, please call 724-738-2052.**

**Click here to submit the final content of the form**  
(You cannot change items after the form has been submitted.)

**Click here to save the intermediate content of the form**  
(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

**Click here to cancel entering the form**  
(Currently entered changes will not be saved.)