

Student Name (Print): _____

TU ID#: _____ Date of Birth: _____

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED

MENINGOCOCCAL (Meningitis) VACCINATION DATE: _____ / _____ / _____
(Brand names: Menomune, Menactra, Menveo, MenHibrix) **M D Y**

MENINGOCOCCAL (Meningitis) BOOSTER DATE (if applicable): _____ / _____ / _____
(Brand names: Menomune, Menactra, Menveo, MenHibrix) **M D Y**

MMR (Measles, Mumps, Rubella) DATE: #1 _____ / _____ / _____
(Two Required) **M D Y**

#2 _____ / _____ / _____
M D Y

Booster (if applicable): _____ / _____ / _____
M D Y

TETANUS/DIPHTHERIA/PERTUSSIS BOOSTER DATE: _____ / _____ / _____
(**TDaP**) REQUIRED WITHIN THE PAST 10 YEARS **M D Y**

***DT (Diphtheria/ Tetanus) WITHIN 10 YEARS ACCEPTABLE**
IF YOU RECEIVED TDaP MORE THAN 10 YEARS AGO _____ / _____ / _____
M D Y

VARICELLA (Chickenpox) VACCINATION DATE: #1 _____ / _____ / _____
(HISTORY OF DISEASE NOT ACCEPTABLE) **M D Y**

#2 _____ / _____ / _____
M D Y

OPTIONAL WAIVER: *By submitting this waiver, I acknowledge that I have been informed that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. Students who claim exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease, and can range from several days to more than a month. I hereby attest that I am declining immunization at this time for the below identified reason.*

IMMUNIZATION (check all that apply):

- Measles/Mumps/Rubella (MMR)
- Meningococcal (Meningitis)
- Tetanus/Diphtheria/Pertussis (TDaP)
- Varicella (Chickenpox)

REASON (check one): Medical Reason _____ Religious Philosophical

Signature: _____

Date: _____

Student Name (Print): _____

TU ID#: _____ Date of Birth: _____

THE BELOW VACCINATIONS ARE STRONGLY RECOMMENDED

HEPATITIS B VACCINE SERIES:

#1 / /
M D Y

#2 / /
M D Y

#3 / /
M D Y

MENINGOCOCCAL B VACCINE SERIES:
(Brand name Bexsero or Trumenba)

#1 / /
M D Y

#2 / /
M D Y

#3 / /
M D Y

HUMAN PAPILLOMAVIRUS (HPV) SERIES:
(Brand name Gardasil, Gardasil 9, Cervarix)

#1 / /
M D Y

#2 / /
M D Y

#3 / /
M D Y

HEPATITIS A VACCINE SERIES:

#1 / /
M D Y

#2 / /
M D Y

Mail to:

Temple University Student Health Services
1700 N. Broad Street, 4th Floor
Philadelphia, PA 19121