

Immunization Form

A registration requirement is that all students under age 26 must provide proof of having had the following immunizations: Two doses against Measles, Mumps, and Rubella, given after 1 year of age and at least 30 days apart, and one Tetanus/Diphtheria booster given within the past ten years. This form should be completed with your physician so s/he can update missing immunizations and consolidate any records you may have in your possession with information in your medical file.

PLEASE TAKE NOTE: Incomplete immunizations, invalid dates, or forms that lack a valid stamp will not be processed and will delay your ability to register for courses.

Name _____
Last First MI

Date of Birth _____ **Degree Program** _____
Month / Day / Year

Telephone _____ **Email** _____

Immunizations

TETANUS/DIPHTHERIA

Completed primary series and...
Received Adult Tetanus/Diphtheria booster within past ten years or...
If immunity is based on antibody titer, then a lab report must be included with this form.

| | |
|---------------|--|
| Dose 1 | |
|---------------|--|

MMR (Measles, Mumps, Rubella)

Immunized after ____ birthday
Immunized at least 30 days after Dose 1

| | |
|---------------|--|
| Dose 1 | |
| Dose 2 | |

MEASLES (Rubeola)

Had the disease, confirmed by a copy of original office records, which are included.
If immunity is based on antibody titer, then a lab report must be included with this form.
Immunized after ____ birthday
Immunized at least 30 days after Dose 1

| | |
|---------------|--|
| Dose 1 | |
| Dose 2 | |

MUMPS

Had the disease, confirmed by a copy of original office records, which are included.
If immunity is based on antibody titer, then a lab report must be included with this form.
Immunized after ____ birthday
Immunized at least 30 days after Dose 1

| | |
|---------------|--|
| Dose 1 | |
| Dose 2 | |

RUBELLA

If immunity is based on antibody titer, then a lab report must be included with this form.
Immunized after ____ birthday
Immunized at least 30 days after Dose 1

| | |
|---------------|--|
| Dose 1 | |
| Dose 2 | |

Request for Exemption

Religious exemption is allowed if the Applicant objects in good faith, in writing, that immunizations violate his or her religious beliefs. Medical exemption is allowed if a physician or health authority deems an immunization medically inadvisable. Explicit written documentation supporting an exemption request must be submitted with this certificate.

Religious Exemption Medical Exemption

Healthcare Provider: Thank you for taking time to assist us with this important task. We know that vaccine-preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect Johns Hopkins University students and their contacts by not accepting anecdotal information and by submitting immunization data from your office records, or from records presented for review which include complete dates (month/day/year) of administration. Where records are missing or incomplete, updating immunizations helps to ensure that the student is protected, and enables him/her to complete requirements for matriculations at Johns Hopkins University.

Date this form was completed

An office stamp MUST be used to ensure this form is valid.

Please Print Practitioner Name/Title (MD, RN, PA)

Signature