



# Immunization Form

Student name \_\_\_\_\_ Birthdate \_\_\_\_\_

## REQUIRED PRIOR TO MOVING INTO CAMPUS HOUSING

\_\_\_\_\_ MMR (Measles, Mumps & Rubella) Vaccine x 2.      Date: \_\_\_\_\_      Date: \_\_\_\_\_

OR

\_\_\_\_\_ Proof of having had Measles, Mumps Rubella (active blood titer)      **HCP Initials** \_\_\_\_\_

OR

\_\_\_\_\_ Dr. verification that this student should not have MMR at this time:      **HCP initials** \_\_\_\_\_

AND

\_\_\_\_\_ TB test with negative results within last 12 months      Date: \_\_\_\_\_

## HIGHLY RECOMMENDED

\_\_\_\_\_ COVID-19 VACCINE    Brand: \_\_\_\_\_    Date: \_\_\_\_\_    Date: \_\_\_\_\_    Booster Date: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_ MENINGITIS VACCINE:    Brand: \_\_\_\_\_    Date: \_\_\_\_\_    Booster Date: \_\_\_\_\_  
(if applicable)

**Health Care Provider (HCP) Signature:**

**Date:**

\_\_\_\_\_  
PRINT/STAMP HCP Name and clinic information.

\_\_\_\_\_  
This form plus the health questionnaire filled and returned to [campusnurse@iw.edu](mailto:campusnurse@iw.edu) or faxed to 319-385-6233 or brought with you to check in. The student will not be allowed to move into campus housing without it.

Students unable to comply must be re-immunized at the student's expense.