

**Do Not Upload This Page**

University: University of Evansville - general population

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

**HOW TO COMPLETE THESE FORM(S):**

- A licensed healthcare professional **MUST** complete and sign **THESE** forms. **All green sections are required.**
- Other forms of health records containing the required health information will be accepted.**
- PRINT CLEARLY WITH DARK BLACK INK.** A computer will be reading your forms. Fill in circles completely.
- Do not fold, cut, or mark on the border lines of these forms.
- Include the Border Lines in your scanned images.
- Review your forms for completeness and accuracy. Double check **ALL** signatures. **MM/DD/YY date formats.**
- Consult your Healthcare Professional before receiving any of the following immunizations.

**Your records are due by:** July 1 for Fall Semester and December 1 for Spring Semester.

REQUIRED	RECOMMENDED	OPTIONAL
Required by regulation and/or policy to attend this university.	Recommended for your general well being but NOT required.	Optional information.
<p><b>Documents:</b></p> <p>Immunization Certificate (see page 2)</p> <p><b>Immunization Dates:</b></p> <p>TDaP Booster (1 dose within last 10 yrs)</p> <p>MMR (2 doses OR Pos. Titer)</p> <p>Meningococcal (21 years of age or younger require 1 dose @ age 16 or older)</p> <p><b>TB Test:</b></p> <p>Results must be performed and read in U.S. &amp; within 6 months of the start of the semester.</p>	<p><b>Immunization Dates:</b></p> <p>Varicella</p> <p>Polio</p> <p>Hepatitis A</p> <p>Hepatitis B</p> <p>HPV</p> <p>Meningococcal B</p> <p>COVID</p>	<p><b>Immunization Dates:</b></p> <p>Pneumococcal</p> <p>JE - Japanese Encephalitis Typhoid</p> <p>Yellow Fever</p> <p>Rabies</p>

**UPLOADING YOUR FORM(S):**

- Review your forms for completeness and accuracy. **Double check ALL signatures.**
- Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
- Upload your completed forms to your account at medproctor.com. **(Pages 2&3)**
- You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
- Check your University Email account regularly for messages from MedProctor regarding incomplete information.

You will be notified via email once your information is successfully verified.

**BE AWARE:**

- \* Incomplete/illegible writing and poor images will be rejected.
- \* Completion of these forms by your due date will help expedite your registration process.

**Should you require medical/religious exemptions, please contact UE Student Health Center at 812-488-2033 or email [healthcenter@evansville.edu](mailto:healthcenter@evansville.edu)**

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# IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.  
 Must be completed by a healthcare professional.  
 This form will be read by a computer.  
 Upload to medproctor.com

Green = Required

Blue = Recommended

Black = Optional

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Student: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>TDaP - Booster</b> <b>Required</b> Within 10 yrs. <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>HEPATITIS B</b> <b>Recommended</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>VARICELLA - Chicken Pox</b> <b>Recommended</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>TYPHOID - Inactivated</b> <b>Optional</b> One <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y
<b>MMR</b> <b>Required</b> Measles, Mumps, Rubella 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>HPV</b> <b>Recommended</b> Human Papillomavirus 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>HEPATITIS A</b> <b>Recommended</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>YELLOW FEVER</b> <b>Optional</b> One <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y
<b>MENINGOCOCCAL</b> <b>Required</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>COVID</b> <b>Recommended</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>POLIO</b> <b>Recommended</b> Inactivated 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 4th <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y	<b>RABIES - Pre-Exposure</b> <b>Optional</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y
<b>MENINGOCOCCAL B</b> <b>Recommended</b> 1st <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y			

**REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)**

LICENSED CARD PROFESSIONAL SIGNATURE	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME	SIGNATURE DATE
NON-PARENTAL	_____	_____
NPI NUMBER <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER
_____	_____	____-____-____

**REQUIRED - Tuberculosis Skin or Blood Test Results**

<b>TB Skin PPD</b> Placed: <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y Read: <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y actual induration in MM only _____	mm and range REQUIRED (fill bubble) <input type="radio"/> 0 mm <input type="radio"/> 0 to < 5 mm <input type="radio"/> 5 to < 10 mm <input type="radio"/> 10 to < 15 mm <input type="radio"/> 15 mm or larger	<b>OR</b>	<b>TB Blood</b> T-Spot QuantIFERON Test <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y <b>Results</b> <input type="radio"/> Positive <input type="radio"/> Negative
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**REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)**

LICENSED CARD PROFESSIONAL SIGNATURE	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME	SIGNATURE DATE
NON-PARENTAL	_____	_____
NPI NUMBER <small>not required for U.S. service members or international students</small>	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL	OFFICE PHONE NUMBER
_____	_____	____-____-____

OFFICE STAMP  
 (Not required if stamp unavailable.)

