

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), and Meningococcal/Meningitis is required, as well as Tuberculosis Questionnaire and/or testing*. This is a requirement for all students entering UAH. Both the Vaccinations form and Tuberculosis Risk Questionnaire must be completed in English and are the preferred document for proof of immunizations.

Complete and Upload forms to:
 uahportal.pointnclick.com
 or
Email to: immunizations@uah.edu
 or
Mail to:
 UAH Student Health Center
 Wilson Hall, Room 325
 301 Sparkman Drive
 Huntsville, AL 35899

Drop off:
 Wilson Hall, Room 323
 Phone: 256.824.6948
 Fax: 256.824.5809

TUBERCULOSIS (TB) RISK QUESTIONNAIRE*

If necessary, TB testing must be performed in the U.S.

DOCUMENTATION REQUIREMENTS

All students must submit completed immunization forms and supporting documentation to the Student Health Center at least 30 days before the start of classes. If a student has not fulfilled the requirements, a hold will be placed on their University account preventing continued enrollment.

Please note: The requirements noted above are for new students being admitted to The University of Alabama in Huntsville. Individual colleges, e.g., College of Nursing, may have additional immunization requirements.

Copies of all Student Health Center Immunization Forms can be found online at uah.edu/shc.

These are general guidelines to be interpreted by the clinic staff. Subject to change based on the medical needs of the University.

PART I – TO BE COMPLETED BY THE STUDENT

Name _____ A # _____
last first middle

Date of Birth ___/___/___ Phone # _____ UAH Email Address _____
M D Y

First Semester Attending: (check/complete year) Fall ___ Spring ___ Summer ___ / 20 _____

Admission Status (circle one) Freshman Transfer Graduate Other _____

Residence Status – where you will be living while a student (circle one) On campus Off campus

PART II – TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER (All information must be in English)

A. Required Vaccinations

1. Measles, Mumps, Rubella Vaccine¹ (MMR)

Date of 1st dose: ___/___/___ Date of 2nd dose: ___/___/___
M D Y M D Y

2. Meningococcal ACWY Vaccine² (Menactra, Menveo, etc.)

Date of vaccine (WITHIN LAST 5 YEARS): ___/___/___
M D Y

B. Recommended Vaccinations

1. COVID-19 (2 doses³) 1st ___/___/___ 2nd ___/___/___ Product name _____

2. Hepatitis B (3 doses) 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___

3. Varicella 1st ___/___/___ 2nd ___/___/___

4. Td ___/___/___ or Tdap ___/___/___

5. HPV 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___

Physician or Authorized Signature

Date

License # or Clinic Stamp (required)

¹ The University requires all students born after 1956 to have had 2 doses of measles (rubeola) vaccine. One dose must have been a **Measles, Mumps, Rubella** (MMR) vaccine. Students ages 30 and older may submit evidence of one MMR if the dose was received after 1980. A copy of a lab report showing proof of immunity from measles (rubeola), mumps, and rubella can be submitted in lieu of the vaccine.

² A **Men ACWY** vaccination within the past five (5) years is required for all first time freshmen and all students living in on-campus residence halls.

³ Doses required depend on vaccine type/product.