

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 Email to:**

immunizations@uah.edu  
or

**Mail to:**

The University of Alabama in Huntsville  
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](http://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 Vaccine<sup>1</sup> (MMR)**

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

**2. Meningococcal ACWY Vaccine<sup>2</sup> (Menactra, Menveo, etc.)**

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

**B. Recommended Vaccinations**

**1. Hepatitis B (3 shots)** 1st \_\_\_/\_\_\_/\_\_\_ 2nd \_\_\_/\_\_\_/\_\_\_ 3rd \_\_\_/\_\_\_/\_\_\_

**2. Varicella** 1st \_\_\_/\_\_\_/\_\_\_ 2nd \_\_\_/\_\_\_/\_\_\_

**3. Td** \_\_\_/\_\_\_/\_\_\_ or Tdap \_\_\_/\_\_\_/\_\_\_

**4. HPV** 1st \_\_\_/\_\_\_/\_\_\_ 2nd \_\_\_/\_\_\_/\_\_\_ 3rd \_\_\_/\_\_\_/\_\_\_

Physician or Authorized Signature

Date

License # or Clinic Stamp (required)

<sup>1</sup> 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.

<sup>2</sup> 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.