

Frequently Asked Questions about  
**Immunizations** and the  
**CHC Immunization Form**



### What's recommended or Required?

**Are immunizations recommended?** Yes, Wayne State University recommends that students come to school fully immunized to protect their health. Immunizations are one of the most effective public health measures in preventing communicable diseases.

**Are immunizations required?** Immunizations are *not* a University requirement. However, it is a requirement that a completed Immunization form *must* be on file at the Campus Health Center prior to moving into a residence hall.

### Which immunizations are recommended?

- Chicken pox (Varicella) if you haven't had the disease already.
- Hepatitis B (3 doses)
- Measles, Mumps and Rubella (2 doses)
- Meningitis is recommended for all incoming first-year students living in residence halls; other college students under 25 years of age may choose to be vaccinated to reduce their risk of disease.
- Polio (primary series completed)
- Tetanus-diphtheria (primary series completed and a booster of Td or Tdap received within the last 10 years.)

**Is a tuberculosis (TB) test required?** All international students are required to be screened/tested for TB. Otherwise, a TB test is not a University requirement, however academic

programs or volunteer activities may have different requirements.

### About the Immunization Form

#### Why should I complete and return the CHC Immunization form?

- This form must be on file in the Campus Health Center before you are allowed to move into your residence hall room.
- Campus Health Center uses information on this form to provide health care to students
- Students often need their immunization records for academic programs, volunteer activities, and travel.

#### When is the deadline for returning the form?

Please return the completed form at least 30 days before move-in day.

**What if I cannot return the form on time?** Bring it with you to campus and deliver it to the Campus Health Center when you arrive.

#### Where should I mail the form?

Campus Health Center  
5200 Anthony Wayne Drive  
Suite 115  
Detroit, MI 48202

**Can I fax this form?** No, faxes are often illegible.

#### Who should complete and sign the form?

- A health care provider should complete and sign the form after reviewing your immunization status and administering any needed immunizations.
- Or you may complete the "Student Information" on the form and attach a legible photocopy of your immunization record.

#### How can I find my immunization records?

Contact your health care provider(s), your high school or other institutions where immunizations were required to request a copy of your immunization record.

**How can I find out if I've had all the recommended immunizations?** Ask your health care provider to review your records, determine your needs (immunity against many of the diseases listed on the form can be determined through tests) and provide recommended immunizations. Your health care provider should also complete the CHC Immunization form.

**I received another immunization after my CHC Immunization Form was completed. How can I update my form?**

1. Photocopy your new immunization record.
2. Write your full name, WSU ID# on the record
3. Attach a note saying that it is an update.
4. Mail it to:  
Campus Health Center  
5200 Anthony Wayne Drive  
Suite 115  
Detroit, MI 48202

**Will I know whether CHC received my immunization form?** No, CHC cannot confirm receipt of forms due to large number of forms received. However, keep a copy of completed form and bring with you on move in day, in case there is no record of receiving your form. You will be able to give it to CHC on that day.

#### Does CHC give immunizations? Are there fees?

Immunizations are available at CHC, and will be available on move in day. There is a fee for each immunization. We do recommend students get all immunizations before arrival on campus, so that they are adequately protected when they arrive.

*Students under 18 years old need written parental consent to receive immunizations.* A parent or guardian can complete the CHC enrollment form, available on request from CHC at 313-577-5041.

**Who can I contact for more information?** If you have additional questions after reading the information above, you can call 313-577-5041 or email [nursemary@wayne.edu](mailto:nursemary@wayne.edu)

2009-2010

# Immunization Form for Residence Hall Students



### Why complete this form?

- A completed Immunization Form is a requirement for students living in university residence halls.
- Students without a completed form on file at the Campus Health Center will not be permitted to move into their residence hall until a completed form is received.
- Campus Health Center uses information on this form to provide health care to students.

### Instructions:

Read frequently asked questions on next page.

Visit your health care provider to review your immunization status, get missing immunizations and have your provider complete this form to ensure accuracy.

Or you may complete the "Student Information" section of this form and attach a legible copy of immunization records.

Keep a photocopy of this completed form.

### Return at least 30 days prior to move in to:

Campus Health Center  
5200 Anthony Wayne Drive  
Suite 115  
Detroit, MI 48202

**Disclaimer:** Information on this form, which is obtained prior to attendance at Wayne State University, is not verified for accuracy.

### STUDENT INFORMATION: (Please print/type)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name Middle Initial

\_\_\_\_\_  
WSU Student ID #

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Country (if not USA) Postal code

\_\_\_\_\_  
Residence Hall Room #

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*A health care provider should complete this section*

### DOCUMENT ROUTINE IMMUNIZATIONS here:

**Hepatitis B Vaccine**  
 Dose 1: month\_\_year\_\_  
 Dose 2: month\_\_year\_\_  
 Dose 3: month\_\_year\_\_

**Meningitis (Meningococcal) Vaccine**  
*Recommended for 1<sup>st</sup> year students living in residence halls*  
 Menactra OR  Menomune month\_\_year\_\_

**Tetanus-Diphtheria Vaccine**  
 Primary series received month\_\_year\_\_  
 Booster (Td or Tdap in past 10 yrs) month\_\_year\_\_

**Polio Vaccine**  
 Primary series received month\_\_year\_\_

**Measles, Mumps, Rubella (MMR)**  
 Dose 1 (age 1-5 years) month\_\_year\_\_  
 Dose 2 (age 5 years or older) month\_\_year\_\_

**Chicken Pox (Varicella) Vaccine**  
 Had disease, diagnosed by clinician: month\_\_year\_\_  
 Laboratory evidence of immunity: month\_\_year\_\_  
 Vaccine Dose 1 month\_\_year\_\_  
 Dose 2 month\_\_year\_\_

**Human Papilloma Virus (HPV) Vaccine**  
*Recommended for females ages 11-26*  
 Dose 1 month\_\_year\_\_  
 Dose 2 month\_\_year\_\_  
 Dose 3 month\_\_year\_\_

### DOCUMENT OTHER VACCINATIONS here:

**Hepatitis A Vaccine**  
 Dose 1: month\_\_year\_\_  
 Dose 2: month\_\_year\_\_

**Hepatitis A+B Combination (TWINRIX) Vaccine**  
 Dose 1: month\_\_year\_\_  
 Dose 2: month\_\_year\_\_  
 Dose 3: month\_\_year\_\_

### This form completed by:

\_\_\_\_\_  
*Printed name of health care provider completing form*

\_\_\_\_\_  
*Signature Date*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State Country (if not USA) Postal (zip) code*

\_\_\_\_\_  
*Office Phone*