

Health Requirement Immunization Verification Form

University of Northern Iowa Student Health Clinic

Mandatory health requirement forms for all new students must be on file and in compliance by the tenth day of class during the first term enrolled. If students are not in compliance, a hold will be placed on the students' accounts preventing them from registering for future classes, and a **\$30 late fee** will be assessed. Please mail or fax the immunization documentation to:

University of Northern Iowa
Student Health Clinic 016
Immunization Verification Office
Cedar Falls, IA 50614-0221
Phone: 319-273-2009
Fax: 319-273-7030

Student's Name _____ UNI Student ID# _____ First semester attending _____ 20_____

Measles Mumps and Rubella Immunization Requirement

Student **must send documentation** of measles, mumps and rubella vaccinations to the UNI Student Health Clinic. Copies of physician, school, or military records are acceptable.

Please check one of the following:

- Received **TWO** vaccinations at least one month apart. Enclosed is a copy of immunization records as verification.
- Have documentation of blood tests that prove immunity to Measles, Mumps and Rubella. I am enclosing a copy of my lab records as verification.
- Enclosing documentation from a licensed physician indicating a medical reason that indicates an immunization may be detrimental to the student's health or is otherwise medically contraindicated. Forms such as the Iowa Department of Public Health Certificate of Immunization Exemption, may be used.
- Students born before January 1, 1957 do not need to submit immunization records but need to respond to the meningitis vaccination information listed to the right.

Meningitis Vaccine

All students must complete the following information regarding meningitis vaccinations, or it is acceptable to attach documentation from a physician or health clinic.

Vaccine Record

- I have received a meningitis vaccination as requested by the University of Northern Iowa.
Date of meningitis vaccine _____
Name of clinic or provider _____
- I have read the information regarding meningococcal meningitis disease and I understand the risk of not receiving the vaccine. I will not receive an immunization against meningococcal meningitis disease at this time.

Student's Signature