

# 2025 – 2026 Saint Xavier University STUDENT IMMUNIZATION FORM

**Submission Deadlines: Fall - Sept 1, Spring – Feb 1, Summer - May 1**

Last Name	First	Middle	University Identification Number
Home Address			Preferred Phone (    )
			Alternate Phone (    )
City/State/Country/Zip or Postal Code			E-mail Address
Date of Birth (mm/dd/yyyy)	Age	Gender	First Semester at SXU

**↓ ↓ ↓ This section must be completed by a Licensed Health Care Provider. ↓ ↓ ↓**

## REQUIRED IMMUNIZATIONS (dates required)

**Licensed Provider: Complete Immunization documentation OR attach signed physician/school immunizations.**

**■ MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps for students born after January 1, 1957

<b>MMR (strongly recommended)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	<b>OR</b>	<b>MEASLES (Rubeola)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy
	2	mm/dd/yy		<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age	2	mm/dd/yy
Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella.  <input type="checkbox"/> Required lab report attached.				<b>RUBELLA</b> 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
					2	mm/dd/yy
Documentation of dates of disease <b>IS NOT</b> acceptable evidence of immunity against measles, mumps or rubella.					1	mm/dd/yy
					2	mm/dd/yy

**■ TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) –**

**At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED. One dose MUST be Tdap.**

The last dose of vaccine (DPT, DTP, DT, DTaP, Td, Tdap) must have been administered within 10 years of the student's enrollment date.

\*TITERS ARE NOT ACCEPTABLE TO FULFILL THIS REQUIREMENT\*

<b>1 (record first shot here)</b> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td   mm/dd/yy	<b>2</b> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td   mm/dd/yy	<b>3</b> <input type="checkbox"/> Tdap <input type="checkbox"/> Td   mm/dd/yy
<b>■ MENINGOCOCCAL CONJUGATE VACCINE</b> –Meningococcal ACWY after the age of 16 is <b>REQUIRED</b> for all students 21 and younger (brand names Menactra, MenQuadfi, Menveo, Penbraya acceptable). A 2 <sup>nd</sup> vaccine <b>MUST</b> be given if the 1 <sup>st</sup> vaccine was given before age 16.		
		1 mm/dd/yy
		2 mm/dd/yy

## HIGHLY RECOMMENDED IMMUNIZATIONS (complete if received)

<input type="checkbox"/> <b>COVID-19:</b>	1 <sup>st</sup> dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J <input type="checkbox"/> Novavax  mm/dd/yy	2 <sup>nd</sup> dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J <input type="checkbox"/> Novavax  mm/dd/yy	Most recent dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Novavax  mm/dd/yy
<input type="checkbox"/> <b>MENINGOCOCCAL B:</b> <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexsero		1 mm/dd/yy	2 mm/dd/yy

## Required Healthcare Provider Verification

Provider Name (print or stamp)	Signature	Date
Address		Phone

**TO SUBMIT FORM: Upload to** Patient Portal at [sxu.medicatconnect.com](https://sxu.medicatconnect.com) (Preferred) **–OR– Drop off** at Health Center **–OR– Fax to** (773) 298-3906      **QUESTIONS???:** Call the SXU Health Center at (773) 298-3712 (M-F)