

PENN STATE IMMUNIZATION REQUIREMENTS

Congratulations on your acceptance to The Pennsylvania State University!

Please follow the instructions below to submit your required immunization information. **Completion of the Immunization Verification Form is required.** Immunization information which is mailed, uploaded, faxed or emailed will not be processed unless the Immunization Verification Form is completed and uploaded as directed in Steps 1 and 2 listed below. The form **MUST** be submitted by the end of the second week of the current admit semester to avoid a registration hold for the subsequent semester. Failure to meet these requirements will result in denial of student registration privileges until the requirements are met.

Submitting Your Immunization Records -- IMPORTANT!

Submission of your immunization information is a **2-step process**. Follow the instructions carefully and complete each step in the following order to ensure that your records are processed without delay. Note all completed documentation must be written in English.

Step 1: Take the enclosed Immunization Verification Form to your healthcare provider for completion.

The Form **MUST** contain the required immunization information and the provider's signature, title, date, address AND ORGANIZATIONAL STAMP. Individuals who submit the Immunization Verification Form missing any of the required information or who demonstrate non-adherence to immunization requirement specifications will be deemed non-compliant. The immunizations listed under the recommended section are not required; however, if you have had any of the immunizations, provide the dates on the form as requested.

Step 2: Log in to MyUHS and upload images of the completed Immunization Verification Form and, if applicable, any positive antibody titer blood test results (in English) by selecting the Immunization Upload menu option at the bottom of the MyUHS Home page. Detailed instructions below.

The following image file types are accepted through MyUHS are: PNG, JPG, JPEG, GIF. PDF's are not acceptable for upload due to security reasons. Keep the original documents for your records.

Please note that access to the UHS secure portal (MyUHS) is for students only. Parents do not have access. You will need to log in using your PSU access credentials (User Id and Password). Sharing your student access password with anyone including a parent is against PSU security policies.

Submission steps:

1. First create image files of your completed Immunization Verification Form and other related documents such as titer results. Here are some steps that may help you do this:
 - Take a picture of the completed PSU Immunization Verification Form with a camera or mobile device, making sure that the picture is legible. Save the images to your computer if completing the process by computer. If completing on your mobile device you can use the images directly from the device – please be sure to only upload images of the Immunization Verification Form and related documents as these images become a permanent part of your medical record.
 - Another option is to scan your Immunization Verification Form and related documents to your computer but you must be sure to save the file as an image file such as jpg, jpeg, png, gif and make sure the file size is under 4MB.
2. Access the UHS website at <http://studentaffairs.psu.edu/health>.
3. Click on MyUHS, and click Login.
4. Agree to Terms of Use.
5. Log in using your PSU Student Access credentials (i.e. xyz12 and password).
6. Confirm your Date of Birth and click Proceed.
7. Click on Immunization Upload
8. Click on Add Immunization Record and locate your image file. Continue this process until you have uploaded all pages of the Immunization Verification Form and any related documents.
9. Click SAVE.

Communication with you regarding compliance/non-compliance will be done by secure message. Students will receive an email notification from Penn State University Health Services that they received a secure message and to log into MyUHS to retrieve the message. Sometimes these emails may go to your spam or junk email box, if so, edit your emails Spam Mail Options to allow messages from HEALTH.REMINDER@PSU.EDU.

Subject

From

Example: **You have a new message from University Health Services** Penn State University Health Services

Should you encounter any technical issues with the online submission process please email uhs-web@psu.edu and include the student name and PSUID# and a description of the technical issue you are experiencing.

Should you have any questions regarding the required Immunization Compliance process please visit our FAQ's page - http://studentaffairs.psu.edu/health/immunizations/imm_faq.shtml or contact the Immunization Compliance Office at 814-865-2398/uhs-him@psu.edu.

Thank you,
The Pennsylvania State University
Immunization Compliance Office

PENN STATE IMMUNIZATION VERIFICATION FORM

LAST NAME	FIRST NAME	DATE OF BIRTH (MM / DD / YYYY)	PENN STATE ID NUMBER
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REQUIRED VACCINES: * = Required

<p>* Measles, Mumps, Rubella REQUIRED for all degree-seeking students <i>Dose 1 MUST be given on or after 1st birthday</i> <i>Dose 2 must have been given at least 4 weeks after Dose 1</i></p> <p>2 doses of MMR vaccine OR Individual vaccines – 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella OR Blood test titer results confirming immunity - (equivocal and negative results are NOT accepted)</p>	MMR Dose 1		Measles Dose 1	Mumps Dose 1	Rubella Dose 1
	MM / DD / YYYY	OR	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
	MMR Dose 2 MM / DD / YYYY	Measles Dose 2 MM / DD / YYYY	Mumps Dose 2 MM / DD / YYYY	OR	
	Measles Titer MM / DD / YYYY	Mumps Titer MM / DD / YYYY	Rubella Titer MM / DD / YYYY	* Attached copy of lab results required if providing titer information	
<p>* Meningococcal Conjugate (MCV4) REQUIRED for students living in University Housing One dose on or after 16th birthday</p>	Meningococcal MCV4 MM / DD / YYYY	Please specify vaccine type such as Menactra or Menveo _____			

RECOMMENDED VACCINES (not required):

Hepatitis A	Hep A Dose 1 MM / DD / YYYY	Hep A Dose 2 MM / DD / YYYY	Hep A Dose 3 MM / DD / YYYY		
Hepatitis B	Hep B Dose 1 MM / DD / YYYY	Hep B Dose 2 MM / DD / YYYY	Hep B Dose 3 MM / DD / YYYY		
HPV (Human Papilloma)	HPV Dose 1 MM / DD / YYYY	HPV Dose 2 MM / DD / YYYY	HPV Dose 3 MM / DD / YYYY	Please specify vaccine type such as Cervarix, Gardasil-4 or Gardasil-9 _____	
Meningococcal Serogroup B	Men B Dose 1 MM / DD / YYYY	Men B Dose 2 MM / DD / YYYY	Men B Dose 3 MM / DD / YYYY	Please specify vaccine type such as Trumenba or Bexsero _____	
Pneumococcal 13 or 23 Valent <i>Recommended for students at an increased risk for pneumococcal disease</i>	Pneumococcal Dose 1 MM / DD / YYYY		Please specify vaccine type such as Prevnar 13 or Pneumovax 23 _____		
Tdap (tetanus, diphtheria, and pertussis) <small>[this is not the same as DTap]</small>	Tdap - Last dose MM / DD / YYYY	Please specify vaccine type such as Boostrix or Adacel _____		Td (tetanus, diphtheria)	Td - Last dose MM / DD / YYYY
Varicella Vaccine OR Varicella Blood Titer Test <i>(equivocal or negative results are NOT accepted)</i>	Varicella Dose 1 MM / DD / YYYY	Varicella Dose 2 MM / DD / YYYY	OR	Varicella Titer * Attached copy of lab results required MM / DD / YYYY	

*** = Required**

* Date:	* Healthcare Provider Name (please print):	* Signature and Title:	* Phone Number & Address:
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* Organizational Stamp	<p style="background-color: yellow;">Please do not mail, fax, email or upload us a copy of your immunization records as they will not be processed without being accompanied with a completed PSU Immunization Verification Form.</p> <p>PROVIDER: Provide this completed form and a copy of any blood titer tests confirming immunity to the student.</p> <p>STUDENT: Upload the completed Immunization Verification Form and all other related documents through the University Health Services MyUHS portal - http://studentaffairs.psu.edu/health/myUHS/login.shtml.</p>
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