JOHNS HOPKINS
CAREY BUSINESS SCHOOL

IMMUNIZATION FORM

RETURN COMPLETED FORM TO: **Office of the Registrar** via Fax 410-800-4096 or Email: carey.registration@jhu.edu
Mailing Address: 100 International Drive, 12th Floor, Baltimore, Maryland 21202, Phone: 410-234-9250

A registration requirement is that all students under age 26 who plan to register for courses held in Washington DC must provide proof of having had the immunizations listed below. This requirement is in compliance with the **DC Law 3-20 - "Immunization of School Students Act"**

REQUIREMENT: Two doses against Measles, Mumps, and Rubella, given after 1 year of age and at least 30 days apart and one Diphtheria/Tetanus booster given within the past ten years. This form should be completed with your physician so he/she can consolidate any records you may have in your possession with information in your medical file and update missing immunizations. Incomplete immunizations, invalid dates, or forms which lack a validation stamp will not be processed, and will delay your registration.

(Please Print Clearly) Last, First, MI		Hopkins I.D.	Date of Birth (MM/DD/YY)
Program of Study	Email Address		Contact Telephone Number

TETANUS/DIPHTHERIA
Completed primary series and ...
Received Adult Tetanus/diphtheria booster within past ten years or...
If immunity is based on antibody titer a lab report must be included with this form — DOSE 1 _____

MMR (Measles, Mumps, Rubella)
Immunized after first birthday — DOSE 1 _____
Immunized at least 30 days after Dose 1 — DOSE 2 _____

MEASLES (Rubeola)
Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form. Immunized after first birthday — DOSE 1 _____
Immunized at least 30 days after Dose 1 — DOSE 2 _____

MUMPS
Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form. Immunized after first birthday — DOSE 1 _____
Immunized at least 30 days after Dose 1 — DOSE 2 _____

RUBELLA
If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday — DOSE 1 _____
Immunized at least 30 days after Dose 1 — DOSE 2 _____

Request for Exemption
Religious exemption is allowed if the student objects in good faith, in writing, that immunizations violate his or her religious beliefs. Medical exemption is allowed if a physician or health authority deems an immunization medically inadvisable. Explicit written documentation supporting an exemption request must be submitted with this certificate.

Religious Exemption ☐ Medical Exemption ☐

Healthcare Provider: Thank you for taking time to assist us with this important task. We know that vaccine-preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect Johns Hopkins University students and their contacts by not accepting anecdotal information and by submitting immunization data from your office records, or from records presented for review which include **complete** dates (month/day/year) of administration. Where records are missing or incomplete, updating immunizations helps to ensure that the student is protected, and enables him/her to complete requirements for matriculation at Johns Hopkins University.

_____ Date this form was completed

_____ An office stamp **MUST** be used to ensure this form is valid

_____ Practitioner Name/Title (MD., RN., P.A.)

_____ Signature

Rev: 06/2015