

The Colonial Health Center staff extends a warm welcome to entering undergraduate students, graduate students, non-degree students, transfer students, and parents. The District of Columbia Immunization Law requires that all students under the age of 26 provide proof of certain immunizations prior to registration. **If you are 26 years of age or older upon entrance into the university, you do not need to complete the Mandatory Health Form.**

Required Immunizations:

- One Tetanus Diphtheria booster or Tdap vaccine given within the last 10 years.
- Two vaccinations against Measles, Mumps, and Rubella (MMR) given after age one and a minimum of 28 days apart, or provide laboratory proof of immunity. All live vaccinations must be given on the same day or minimum of 28 days apart.
- Two vaccinations against Varicella (Chicken Pox) given after age one and a minimum of 28 days apart, or provide history of Varicella (Chicken Pox) disease, or provide laboratory proof of immunity. All live vaccinations must be given on the same day or minimum of 28 days apart.
- Three vaccinations against Hepatitis B, Dose 2 given 28 days after Dose 1, Dose 3 given 5 months after Dose 2, or Hepatitis B vaccination given according to ACIP/CDC guidelines or accelerated schedule, or provide laboratory proof of immunity.
- *Meningococcal vaccine A,C,Y,W-135 given on or after their 16th birthday, or a signed waiver request form, which is available at the following link: healthcenter.gwu.edu/files/downloads/Waiver.pdf

MMR and Varicella vaccinations are to be given on the same day or a minimum of 28 days apart for each dose.

***We strongly recommend that students planning to live in university housing receive the Meningococcal vaccine before arriving on campus.**

It is very important that you complete the enclosed Mandatory Health Form and mail or fax it to the Colonial Health Center by the deadline. If your completed form is not received by this date; a Colonial Health Center hold will be placed on your account and you will not be able to register for future semesters. Once you have completed all the requirements and submitted your form; CHC we will send confirmation to your GWU email account. If you have satisfied the requirements your account will not be placed on hold.

If you are under 26 years of age, please take the enclosed form and this letter of explanation to your health care provider to be completed and signed. **Please retain a copy of the completed form for your records.** It is the student's responsibility to ensure that their healthcare provider completes the form and that it is returned to the Colonial Health Center by the deadline. You can check the status of your Administrative Hold after September 15th (fall entrants) and February 15th (spring entrants) by:

1. Visiting my.gwu.edu/login;
2. Clicking on "GWeb Info System";
3. Entering your GWid and Pin;
4. Selecting "Student Records and Registration";
5. Selecting "Student Records Information Menu"; and
6. Selecting "View Administrative Holds."

Non-compliant/Incomplete means your record was either not received or you are missing a required vaccination. If there is not a Colonial Health Center hold listed, your record was received and is compliant.

Students seeking exemption from the immunization requirement for medical or religious reasons must submit the GW Mandatory Health Form and a letter from a health provider or religious clergy stating the reason for exemption along with documentation of antibody titers for Measles, Mumps, Rubella and/or Varicella by the deadline.

If for some reason you are unable to complete the immunization requirements before arriving on campus, the Colonial Health Center can assist you in meeting these requirements. Please bring your available immunization records and the Mandatory Health Form when you visit.

Please contact the Colonial Health Center with any questions regarding the immunization requirement.

Only a complete Mandatory Health Form will be retained by CHC. Non-compliant/Incomplete forms will be returned by postal mail to the permanent address you have provided to GW.

MANDATORY HEALTH FORM

This form must be completed and mailed or faxed (DO NOT EMAIL) by August 1st for fall entrants and January 1st for spring entrants in order to register for classes. Please refer to the enclosed letter for instructions.

INCOMPLETE FORMS WILL BE RETURNED TO THE STUDENT

Last Name		First Name	G GWID#
E-mail Address	Contact Phone Number	Date of Birth (MM/DD/YYYY)	Semester/Year First Admitted
Do You Have Health Insurance Coverage? (Circle) Yes/No		HMO/PPO/Other _____	
Health Insurance Company _____			

This form is required for all incoming students under 26 years of age. Please have your healthcare provider complete, sign, and return this form to CHC at the address above. Vaccination dates should be written using MM/DD/YYYY. **Keep a copy of this form for your records.**

Td booster/ Tdap _____/_____/____ Within the last 10 years

MMR and Varicella vaccinations are to be given on the same day or a minimum of 28 days apart for each dose.

MMR #1 _____/_____/____ After 12 months of age

MMR #2 _____/_____/____ A minimum of 28 days after MMR #1

OR you must attach lab report showing positive immunity

Varicella #1 _____/_____/____ After 12 months of age
(Chicken Pox)

Varicella #2 _____/_____/____ A minimum of 28 days after Varicella #1
(Chicken Pox)

History of disease _____ (Date/Age)

OR you must attach lab report showing positive immunity

Hepatitis B given according to ACIP/CDC guidelines or accelerated schedule.

Hepatitis B #1 _____/_____/____

Hepatitis B #2 _____/_____/____ A minimum of 28 days after Hepatitis B #1

Hepatitis B #3 _____/_____/____ A minimum of 5 months after Hepatitis B #2

OR you must attach lab report showing positive immunity

Meningococcal Vaccine _____/_____/____ On or after 16th birthday
(A,C,Y,W-135)

OR Download Meningococcal Waiver at: healthcenter.gwu.edu/files/downloads/Waiver.pdf

Colonial Health Center can assist you in meeting these requirements, including providing immunizations.

Healthcare Provider Signature or Stamp

Date

Healthcare Provider Phone Number