

The George Washington University
Student Health Center (SHC)
University Student Center, Ground Floor
800 21st Street, NW | Washington, DC 20052
P: 202-994-5300 Healthcenter.gwu.edu

The Student 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.**

The required immunizations are:

1. **One** Tetanus Diphtheria booster or Tdap vaccine given **within the last 10 years**.
2. **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.
3. **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.
4. **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.
5. **One** Meningococcal vaccine A,C,Y,W-135* given **on or after their 16th birthday**, or a signed [Waiver Request Form \(PDF\)](#).
6. **For students under the age of 18: Four doses of IPV (inactivated poliovirus vaccine)** or provide laboratory proof of immunity.
7. **All incoming students:** Are required to complete a TB Questionnaire through the [student portal](#).

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 submit it to the Student Health Center by logging into your [student portal](#) by the deadline. **Do not bring, fax, email these forms to the Student Health Center.** If your completed form is not received by this date, a Student 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 to SHC you can log into your [student portal](#) within 7-10 business days to check the status of your record.

If you are under 26 years of age by June 15th (Fall entrants) by December 1st (Spring entrants) 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 Student Health Center by the deadline.

How to Submit Your Immunization Record

In order to properly submit your immunization record, please see the following instructions:

1. [Click here to access the student portal](#) and sign-in with your GW Email Address and password. Ensure that you are trying to log on in Google Chrome, Safari, or Firefox.
2. Click on the "Medical Clearances" tab on the left side of the screen.
3. Under "Medical Clearances" click on the green "Update" button to upload a photo or scan of your Mandatory Health Form. Please ensure that all documents are legible.
 - a. Please note: If you are waiving your Meningococcal vaccination, upload the waiver form here as well.
4. Click on each the green "Update" button next to each type of immunization and enter in the dates of immunization. You must enter in all of your dates for the required immunizations in order for us to verify your record.
5. Once you have updated all of your immunization dates, a staff member at SHC will review your record.

In order to add new documentation to update your immunization record please do the following:

1. Click on the "Medical Clearances" tab.
2. Click on the green update button next to "Immunization Record". This will allow you to update your documentation only.
3. DO NOT Click on the specific vaccination you are trying to update.
4. *Please note you cannot change previously entered information, updating your document will prompt us to make the necessary changes to the appropriate vaccination(s).

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

If for some reason you are unable to complete the immunization requirements before arriving on campus, the Student 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 immunreq@gwu.edu with any questions regarding immunizations.

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This form **must** be completed and uploaded to the [student portal](#)
(Do Not Bring, Email or Fax) by June 15th for Fall entrants and by December 1st for
Spring entrants. **Substitute forms will not be accepted.**

Last Name	First Name	GWID#
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E-mail Address	Contact Phone Number	Date of Birth (MM/DD/YYYY)	Semester/Year Admitted
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This form is required for all incoming students under 26 years of age as of July 1st. Please have your healthcare provider complete, sign this form in English, and return it to SHC by uploading to the [student portal](#). Vaccination and birth dates should be written using MM/DD/YYYY. **Keep a copy of this form for your records.**

Td Booster/Tdap ___/___/___ Given 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 ___/___/___ Given after 12 months of age

MMR#2 ___/___/___ Given a minimum of 28 days after MMR#1

OR, if your immunizations do not follow the required schedule, you must submit a lab report showing positive immunity.

Varicella#1 ___/___/___ Given after 12 months of age

(Chicken Pox)

Varicella#2 ___/___/___ Given a minimum of 28 days after MMR#1

(Chicken Pox)

History of disease _____ (Date/Age)

OR, if your immunizations do not follow the required schedule, you must submit a lab report showing positive immunity.

Hepatitis B#1 ___/___/___

Hepatitis B#2 ___/___/___ Given a minimum of 28 days after Hepatitis B#1

Hepatitis B#3 ___/___/___ Given a minimum of 5 months after Hepatitis B#2

OR, if your immunizations do not follow the required schedule, you are required to submit a lab report showing positive immunity.

Meningococcal ___/___/___ Given on/after 16th birthday
(Acyw135)

OR you must attach a signed Waiver Request Form (PDF)

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Polio for students younger than 18 as of 7/1/2023 for Fall Entrants or 12/1/2023 for Spring Entrants

IPV#1 ___/___/___

Given between 6-8 weeks of age

IPV#2 ___/___/___

Given at 4 months (at least 4 weeks after dose 1)

IPV#3 ___/___/___

Given at 6-18 months (at least 4 weeks after dose 2)

IPV#4 ___/___/___

Given 4-6 years (at least 6 months after dose 3)

OR, if your immunizations do not follow the required schedule, you must submit a lab report showing positive immunity.

Exemptions

Students seeking a medical or religious exemption for any of the above immunizations must follow the instructions found at <https://healthcenter.gwu.edu/immunizations>.

Medical exemptions must be accompanied by a letter from a medical provider supporting the exemption. Must include copies of MMR and Varicella Antibody Titers

Religious exemption is considered if the responsible person objects in good faith and in writing that the immunizations violate their religious beliefs. Must include copies of MMR and Varicella Antibody Titers

Healthcare Provider Signature or Stamp: _____

Date: _____

Healthcare Provider Phone Number: _____