**INSTRUCTIONS**

**University:** Xavier University

**Student:**

**HOW TO COMPLETE THESE FORM(S):**
- A licensed healthcare professional MUST complete and sign THESE forms. **ALL green sections are required.**
- PRINT CLEARLY WITH DARK BLACK INK. A computer will be reading your forms. Fill in circles completely.
- NO other forms of documentation will be accepted. (Blue Cards, Yellow Cards, State Immunization Records, etc. are NOT accepted)
- Do not fold, cut, or mark on the border lines of these forms.
- Include the Border Lines in your scanned images.
- Review your forms for completeness and accuracy. Double check ALL signatures. **MM/DD/YY date formats.**
- Consult your Healthcare Professional before receiving any of the following immunizations.

**REQUIRED**
- Required by regulation and/or policy to attend this university.

**Documents:**
  - Immunization Certificate

**Immunization Dates:**
  - Meningococcal
  - Hepatitis B (3 doses OR Pos. Quant. Titer)
  - MMR (2 doses OR Pos. Titer)

**RECOMMENDED**
- Recommended for your general well being but NOT required.

**Immunization Dates:**
  - Meningococcal B
  - Two-Step Tb Results
  - Varicella
  - Polio
  - Hepatitis A
  - TDaP Booster
  - HPV

**OPTIONAL**
- Optional information

**Immunization Dates:**
  - JE - Japanese Encephalitis
  - Typhoid
  - Yellow Fever
  - Rabies

**UPLOADING YOUR FORMS:**
- Review your forms for completeness and accuracy. **Double check ALL signatures.**
- Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
- Upload your completed forms to your account at medproctor.com.
- You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
- Check your University Email account regularly for messages from MedProctor regarding incomplete information.
  You will be notified via email once your information is successfully verified.

**BE AWARE:**
- Incomplete/Illegible writing and poor images will be rejected.
- Completion of these forms by your due date will help expedite your registration process.

Do not upload this page.

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# IMMUNIZATION CERTIFICATE

**PRINT CLEARLY WITH DARK BLACK INK.**

This form will be read by a computer.

Upload to medproctor.com

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**University:** Xavier University  
**Student:**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Required/Recommended</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>Required</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Required</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>B Recommended</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Required</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Recommended</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Varicella</td>
<td>- Chicken Pox Recommended</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>HPV (Human Papillomavirus)</td>
<td>Recommended</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>Polio</td>
<td>Inactivated Recommended</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
<tr>
<td>TDaP / TD-Booster</td>
<td>Required</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
<td>MM DD YY</td>
</tr>
</tbody>
</table>

**Within 10 yrs.:**

- **TDaP**
- **TD**

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**REQUIRED - Immunization History Signature**

<table>
<thead>
<tr>
<th>Licensed Care Professional Signature</th>
<th>Print Licensed Health Care Professional First and Last Name</th>
<th>Signature Date</th>
</tr>
</thead>
</table>

**Non-Parental**

<table>
<thead>
<tr>
<th>NPI Number</th>
<th>NPI Name of Licensed Health Care Professional</th>
<th>Office Phone Number</th>
</tr>
</thead>
</table>

**RECOMMENDED - Two-Step Tuberculosis Test Results (7 to 365 days apart) OR Tuberculosis Blood Test Results**

<table>
<thead>
<tr>
<th>1st Tb Skin Results</th>
<th>PPD</th>
<th>2nd Tb Skin Results</th>
<th>PPD</th>
<th>OR</th>
<th>Tb Blood T-Spot Quantiferon Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placed:</td>
<td>MM DD YY</td>
<td>Placed:</td>
<td>MM DD YY</td>
<td>OR</td>
<td>Test MM DD YY</td>
</tr>
<tr>
<td>Read:</td>
<td>MM DD YY</td>
<td>actual induration in MM only:</td>
<td>mm</td>
<td></td>
<td>actual induration in MM only:</td>
</tr>
</tbody>
</table>

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**Tuberculosis Test Results Signature**

<table>
<thead>
<tr>
<th>Licensed Care Professional Signature</th>
<th>Print Licensed Health Care Professional First and Last Name</th>
<th>Signature Date</th>
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**OFFICE STAMP**