



## Duke Kunshan University Mandatory Immunization Requirement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

NetID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION A: REQUIRED

**FORMS ARE DUE: AUGUST 1 for fall admission, DECEMBER 15 for spring admission.  
INFORMATION MUST BE IN ENGLISH OR CHINESE.**

Immunization Name	MM/DD/YYYY	MM/DD/YYYY
<b>MMR</b> (Measles, Mumps, Rubella) 2 MMR vaccines required on or after first birthday <b>OR</b> positive titers (lab reports must be attached) <b>OR</b>		
Measles (single antigen 2 required on or after first birthday)		
Mumps (single antigen 2 required on or after first birthday)		
Rubella (single antigen 1 required on or after first birthday)		
<b>Meningococcal ACWY</b> (Last dose must be within 10 years.)		

### SECTION B: OPTIONAL (NOT REQUIRED BUT RECOMMENDED)

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<b>Tdap</b> (Last dose suggested within 10 years)			
<b>Varicella (Chickenpox) Vaccine</b> (2 doses)			
<b>Hepatitis B</b> (3 doses)			
<b>Hepatitis A</b>			
<b>Japanese Encephalitis</b>			
<b>COVID-19</b>	Brand		

Provider Name (print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_

Office Phone # \_\_\_\_\_

Address/Official Stamp \_\_\_\_\_

**Official stamp with authorized signature from MD, DO, PA, NP, RN or LPN required.**

**DKU DOES NOT ACCEPT FORMS SIGNED BY FAMILY MEMBERS**

**Email to: [campushealth@dukekunshan.edu.cn](mailto:campushealth@dukekunshan.edu.cn) (preferred method)**

**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB/CHEST X-RAY REPORTS FOR YOUR RECORDS.**