

All Civilian and U.S. Guard & Reserve must complete the Immunizations In-processing Form

**IMMUNIZATION HISTORY – page 1**  
**Incoming Student/Faculty/Staff**

National Defense University Health & Fitness  
408 4<sup>th</sup> Avenue Bldg 59, Room 118  
Fort Lesley J. McNair  
Washington D.C. 20319

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ DOD-ID#: \_\_\_\_\_ Rank: \_\_\_\_\_

The National Defense University's College of Information and Cyberspace requires students to be immunized against certain travel-related diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your health care provider and submitted to Health & Fitness *during in-processing*. Please retain a copy for your records as the information will be entered into a secure medical database and the original hard-copy form will be destroyed.

Required Vaccine	Dates Given	NDU Requirements
<b>MMR</b>		Laboratory proof of immunity
Measles (Rubeola)	Positive Titer Date: ____/____/____ month day year	Positive titer
Mumps	Positive Titer Date: ____/____/____ month day year	Positive titer
Rubella (German Measles)	Positive Titer Date: ____/____/____ month day year	Positive titer
<b>Tetanus/Diphtheria/ Pertussis (Tdap or Td)</b>	Vaccination Date: ____/____/____ month day year	One dose of Tdap or Td in the last 10- years
<b>Hepatitis B</b>  – a positive Serological test for immunity is acceptable in lieu of immunization	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ month day year month day year month day year  <b>OR</b> Positive Titer Date: ____/____/____ month day year	Hep B administration schedule: Dose #1: any age Dose #2: 30-days after dose #1 Dose #3: 6-months after dose #1  <b>or positive titer</b>
<b>Varicella</b>	Positive Titer Date: ____/____/____ month day year	Positive titer
<b>Hepatitis A</b>	#1 ____/____/____ #2 ____/____/____ month day year month day year	Hep A administration schedule: Dose #1: any age Dose #2: 30-days after dose #1
<b>Influenza</b>	Vaccination Date: ____/____/____ month day year	One annual Influenza vaccination for the current Flu season
<b>Polio</b>  – a positive Serological test for immunity is acceptable in lieu of immunization	Booster dose: ____/____/____ month day year  <b>OR</b> Positive Titer Date: ____/____/____ month day year	One booster dose of injected Polio vaccine following completion of primary series  <b>or positive titer</b>
<b>Pneumococcal</b>		If ≥ 65 or considered medically high-risk, then be current on vaccine requirements

X \_\_\_\_\_

Signature & Stamp of primary care provider/immunizations tech

Date

The only circumstances under which a student may be exempted are as follows: °Certification in writing by an examining health care provider who is of the opinion that the student's physical condition is such that his/her health would be endangered by one or more of the immunizations.

Active-Duty Military do not have to complete the Immunizations In-processing Form

All Civilian and U.S. Guard & Reserve must complete the Immunizations In-processing Form

**IMMUNIZATION HISTORY – page 2**  
**Incoming Student/Faculty/Staff**

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Fort Lesley J. McNair  
Washington D.C. 20319

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last, First

SSN/TIN: \_\_\_\_\_ DOD-ID#: \_\_\_\_\_ Rank: \_\_\_\_\_

The National Defense University’s National War College and Dwight D. Eisenhower School for National Security and Resource Strategy require students to be immunized against certain travel-related diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your health care provider and submitted to Health & Fitness during in-processing. *Please retain a copy for your records* as the information will be entered into a secure medical database and the original hard-copy form will be destroyed.

Potential Itinerary-based (not yet) Requirements	Dates Given	NDU Requirements
<b>Yellow Fever</b>	Vaccination Date: _____/_____/_____ month day year	Location-specific requirement (every 10-years or lifetime)
<b>Typhoid:</b> circle type	Oral: _____/_____/_____ IM: _____/_____/_____ month day year month day year	Repeat series every: 5-years (oral) or 2-years (injected)
<b>Japanese Encephalitis (JEV)</b>	#1 _____/_____/_____ #2 _____/_____/_____ month day year month day year	JEV administration schedule: Dose #1: any age Dose #2: 28-days after dose #1
<b>Meningococcal (MenACWY)</b>	Vaccination Date: _____/_____/_____ month day year	One dose in the past 5-years

X \_\_\_\_\_

**Signature & Stamp of primary care provider/immunizations tech**

**Date**

The only circumstances under which a student may be exempted are as follows: °Certification in writing by an examining health care provider who is of the opinion that the student’s physical condition is such that his/her health would be endangered by one or more of the immunizations.

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NDU Health & Fitness Center staff will provide monthly immunization status reports to the respective school commandants regarding the basic travel immunizations and more specific reports incorporating destination-specific immunizations as the calendar moves closer to actual Spring Travel. **We highly recommend that you stay current with the required vaccines, noted on page 1 of this form.**

For those eligible for care at a military medical treatment facility, those routine immunizations are available at Joint Base Anacostia-Bolling (202-404-6724), Fort Myer (703-696-3441/3439), Joint Base Andrews (240-612-1850/1853), Fort Belvoir (571-231-1812/1813), Pentagon (703-692-8976), Navy Yard (202-433-3757), Fort Meade (301-677-8522) & Walter Reed (301-295-4510).

For Civilians, those routine immunizations are available at the following locations (options including but not limited to): Farragut Medical & Travel Care (202-775-8500) 815 Connecticut Ave NW, Washington DC 20006, [farragutmedical.com](http://farragutmedical.com); Travel Clinic (703-313-5060) 6226 Old Franconia Rd Ste A, Alexandria VA 22310, [www.thetravelclinics.com](http://www.thetravelclinics.com); or any CVS minute clinic.

For all: regarding the laboratory titers required for Measles, Mumps, Rubella, and Varicella (MMRV-lab), the Fort McNair Medical Clinic has a standing order to draw the lab on a walk-in basis.

In preparation for Spring Travel, you will receive a medical threat brief (specific to the countries/region you will visit) as well as itinerary-based immunizations required or recommended for travel. **The “Potential Itinerary-based vaccine requirements”, noted above (page 2) on this form, will be available at that time.**

**FOR ANY IMMUNIZATION UPDATES DURING THE ACADEMIC YEAR, PLEASE BRING DOCUMENTATION TO HEALTH & FITNESS LOCATED IN THE EISENHOWER BUILDING (BLDG 59) ON THE FIRST FLOOR (RM 118). DO NOT TAKE UPDATES TO THE FORT MCNAIR MEDICAL CLINIC.**

If you require malaria chemoprophylaxis, it will be prescribed by Health & Fitness medical personnel. If you desire other self-treatment medications (for traveler’s diarrhea prophylaxis or to combat jet-lag) or supplies, please schedule an appointment with your medical provider (PCM). Some of these items will require a prescription from your PCM, but the majority are over-the-counter.

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