INFORMATION TO HELP YOU OBTAIN YOUR IMMUNIZATION RECORD



University of Nebraska at Omaha, Health Services, HPER Room 102 6001 Dodge Street, Omaha, NE, 68182-0301 | 402.554.2374

The pre-enrollment health requirement to the University of Nebraska at Omaha (UNO) is:

- Proof of two Measles, Mumps. Rubella (MMR) vaccinations OR
- A positive rubeola (measles) blood test.
- CLICK HERE for New Student Health Requirement information on Health Services website

Additional information:

- MMR #1 must be on or after 1st birthday and after January 1, 1968
- MMR #2 must be at least 28 days after MMR #1
- Immunization record needs to show the MM/DD/YYYY of MMR #1 and MMR #2
- If you were born before December 31, 1956 the pre-enrollment health requirement does not apply to you.

ALL admitted students are required to submit a copy of immunizations records prior to enrolling in courses.

Actions to be taken for student who need assistance in getting their immunization records

- To authorize Health Services to obtain your high school or college/university immunization record for you, complete the form Authorization for Use or Disclosure of Immunization Information. Email it to **shs@enroll.unomaha.edu** or fax to 402.554.2387.
- The form Authorization for Use or Disclosure of Immunization Information must be filled out completely in order for Health Services to request your records from your high school. Your high school may or may not have your records.
- Check your MavLINK account To Do list for any updates about your immunization record and holds.

Actions to be taken by students who do not have health immunizations records

- In the absence of immunization records, a rubeola blood test can be done. A positive rubeola blood test showing immunity to Rubeola (measles) is acceptable.
- MMR immunizations and rubeola lab testing are available in Health Services for a low cost fee. You can also visit your current health care provider for lab services or MMR vaccinations.

How to send immunization records to Health Services

- In your MavLINK account attach your immunization record.
- If you are unable to submit your immunization record online, look under Additional Information for more options.

UNO encourages all student to consider Meningococcal Meningitis vaccination as well as to become knowledgeable about meningitis and its symptoms in order to reduce their personal risk. More information about this vaccine can be found **here**. This vaccine is also available in Health Services.

Action to be taken by International students:

- Provide immunization record as above
- Tuberculosis testing (TB) must be done in Health Services when you arrive
- CLICK HERE to review the mandatory Health Insurance requirements for International students

Additional Information:

- Health Services is open Monday-Friday 8-5pm.
- Fax your immunization record to 402.554.2387.
- OR Email your immunization record to shs@enroll.unomaha.edu
- OR mail your immunization record to UNO Health Services, HPER 102, 6001 Dodge Street, Omaha, NE, 68182-0301
- Or drop off your immunization record to Health Services, located in HPER 102.



Authorization for Use or Disclosure of Immunization Information

Student Name Please enter your first and last name here.	Date of Birth: Please enter you date of birth. MM/DD/YYYY
Address:	State:
City:	Zip:
City.	High School Attended:
UNO Student ID# (NU ID): An eight digit number you received when you were admitted to UNO.	Please add name of school, address, city state and zip.
Phone: (to include area code)	High School Fax Number: (to include area code)
By checking the box below, I am giving the University of Nebraska at Omaha permission to obtain immunization information on my behalf from my high school. Once disclosed, federal privacy regulations will no longer apply and the information may be subject to redisclosure. A photocopy of this authorization is valid as the original. I may request a copy of this authorization.	
I understand this authorization may be revoked in writing at any time, except to the extent that action had been taken in reliance of this authorization. Unless otherwise revoked, this authorization will expire 180 days after the date of execution by the patient or their representative.	
	Date:
Check the box, save the doument and email to shs@enroll.unomaha.edu or print and fax to 402-554-2387.	