



Student Health Services
 282 The Green
 Laurel Hall
 Newark, DE 19716-8101
 Phone: 302-831-2226
 Fax: 302-831-6407

Request for Injectable Medication Administration

Name: _____ **Date of Birth:** _____

UDID: _____

In order to receive injectable medications at Student Health, please have your medical provider complete the following information. Forms may be mailed, faxed, uploaded to your UD Health Portal, or returned in person.

UD does not administer the first dose of any biologic or immunosuppressing medications.

| | | |
|--|-------------------------------------|--|
| Mailing Address | Fax | Upload |
| Attn: Immunizations 282 The Green Newark, DE 19716 | 302-831-6407 Attn: Immunizations | UD Health Portal (via Student Health Website) https://udhealthportal.udel.edu/ |

Medication: _____ **Dose:** _____

Frequency: _____ **Diagnosis:** _____

Provide instructions in the event that the clinic or patient’s schedule may result in an early or late dose:

OK to give dose up to _____ days early.

OK to give dose up to _____ days late.

Additional Instructions (observation time, routine lab work requirements*, etc.):

*Labs can be done on site at Student Health, please include lab slip or fax to 302-831-6407 Attn: Lab

- **If administered in office, date of most recent dose:** _____
- **Please attach any additional relevant information**

Prescriber’s Name: _____ **Date:** _____

Prescriber’s Signature: _____

Medical Specialty: _____

Office Phone #: _____ **Office Fax #:** _____

Office Address: _____
