

**Student Health Services**

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

Request for Injectable Medication Administration

Name: _____

Date of Birth: _____ **UDID:** _____

To receive injectable medications at Student Health Services (SHS), 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. SHS is not liable for the condition or content of delivered medications.**

Mailing Address

Attn: Immunizations
282 The Green
Newark, DE 19716

Fax

302-831-6407
Attn: Immunizations

Upload

[UD Health Portal](https://udhealthportal.udel.edu)
(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 requirements¹, etc.):

- 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: _____

¹ Labs can be done on site at Student Health Services. Please include lab slip or fax to 302-831-6407 Attn: Lab