

Allergy Shots at Student Health Services (SHS)

- Allergy Tests and Prescriptions: We do not offer allergy tests or prescribe allergy shots at SHS, but we can administer your ongoing allergy shots.
- Continuing Allergy Shots: To continue your allergy shots at SHS, please call us at 802-656-3350, option 1.
- **How to Begin**
 1. Complete the Checklist: Have your home allergist complete the attached checklist and fax it to us at 802-656-8178 or 802-656-8001. We need this checklist before you arrive on campus.
 2. Approval for Allergy Injections: SHS must approve you for allergy injections before starting your regimen. Once reviewed, we'll contact you through our portal at mywellbeing.uvm.edu for any additional information or to schedule an appointment.
 3. Send or Bring Serum and Paperwork:
 - Bringing Items: If you're bringing your serum and paperwork, please store the serum as instructed by your allergist and drop it off on move-in day or the day you arrive on campus.
 - Mailing Items: If your allergist is mailing your serum and paperwork, please use this address:

UVM Student Health Services Allergy Clinic
425 Pearl Street
Burlington, VT 05401
 4. Processing Time: It takes at least two business days to review your information. If your information isn't complete by your appointment time, we may need to reschedule. **What to Expect During Visits**
 1. Time at SHS: Please plan to spend at least 50 minutes at SHS per visit, which includes a 30-minute observation period after your allergy shot.
 2. Health Review: We will review your health status and any pre-medication requirements. If you need an EpiPen and don't bring it, or other requirements are not met, we may need to reschedule your appointment.
 3. Waiting Period: After your allergy shot, you must wait 30 minutes at SHS. Our trained staff are here to assist you in case of any emergency reactions. If epinephrine is administered, 911 will be called, and you'll be transported to the UVMMC Emergency Department by ambulance.

**Student Health Services**

425 Pearl Street, Burlington, VT 05401

Phone: (802) 656-3350, ext. 1

Fax: 802.656.8178/802.656.8001

Patient Name: _____

DOB: _____

Contact Information for Home Allergy Office:_____
Allergist's Name and Credentials Practice Name Initiating_____
Street Address City State_____
Phone Fax Inside Phone Line/Contact Name**Checklist of Required Documents:**☐ Documentation of patient's initial allergy injections by an allergist.☐ Well-Defined Dosing Regimen☐ Late Protocol – please specify from date of last injection or due date.

☐ Patient specific protocol for local reactions/systemic reactions. Please note that we **do not** check peak flows and we don't have IV fluids, IV meds, Glucagon, Solumedrol, Cimetidine, Levalbuterol, Ranitidine, airways. **We do** have Epinephrine, oral and IM diphenhydramine, oral Famotidine, oral Prednisone, oxygen, oral ranitidine, Albuterol Nebulizer. If Epi is administered, we call 911 for EMS transport to emergency room.

Patient specific requirements:NP/PA/MD/DO required to be onsite at time of allergy shots? ☐ Yes ☐ NoCan first injections from new vials be administered by us? ☐ Yes ☐ NoAntihistamine on the day of injection? ☐ Yes ☐ NoAntihistamine the day prior to injection? ☐ Yes ☐ NoPatient needs to bring an EpiPen to allergy shot appointments? ☐ Yes ☐ NoAlternate arms for injection sites? ☐ Yes ☐ NoCan vaccines be administered on day of shots after 30-minute wait? ☐ Yes ☐ No**If not, please specify details for waiting period:** _____**If we do not have the same emergency equipment for systemic reactions as the patient's allergist, may we still administer injections?**☐ Yes ☐ No**Serum vials must include the following information:** ☐ Patient's Name/DOB☐ Name of Antigen☐ Dilution☐ Expiration Date**Signature/Credentials** _____ **Date:** _____**Print name:** _____

