REQUIRED IMMUNIZATIONS

A. M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956.)
1. Dose 1 given at age 12 months or later ................................................................. #1 M D Y
2. Dose 2 given at least 28 days after first dose ........................................................................... #2 M D Y

B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series and booster within the last ten years. Refer to ACIP for details)
1. Primary series of four doses with DTaP, DTP, DT, OR Td ............................................................... #1 M D Y #2 M D Y #3 M D Y #4 M D Y
2. Booster within the last ten years: Tdap preferred (Adacel or Boostrix) ................................................................. M D Y

C. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)
1. OPV alone (oral Sabin three doses): ................................................................................ #1 M D Y #2 M D Y #3 M D Y
2. IPV/OPV sequential: .............................................................................................................. IPV #1 M D Y IPV #2 M D Y OPV #3 M D Y OPV #4 M D Y
3. IPV alone (injected Salk four doses): ................................................................................ #1 M D Y #2 M D Y #3 M D Y #4 M D Y

D. VARICELLA (History of chicken pox, birth in the U.S. before 1980, a positive varicella antibody test OR two doses of vaccine.)
1. History of disease ...................................................................................................................... Yes OR ...... Birth in U.S. before 1980? Yes
2. Varicella antibody ....................................................................................................................... Tested M D Y Result: Reactive Non-Reactive
3. Immunization
   a. Dose #1 ........................................................................................................................................ #1 M D Y
   b. Dose #2 given at least 12 weeks after first dose ages 1-12 years ......................................................... #2 M D Y and at least 4 weeks after first dose if age 13 years or older.

E. HEPATITIS B (Three doses of vaccine, OR two doses of adult vaccine in adolescents 11-15 years of age, OR a positive hepatitis B surface antibody meets the requirement.)
1. Immunization (hepatitis B) .............................................................................................................. Dose #1 M D Y Dose #2 M D Y Dose #3 M D Y
   a. Adult formulation
   b. Child formulation
2. Immunization (Combined hepatitis A and B vaccine) ............................................................................ Dose #1 M D Y Dose #2 M D Y Dose #3 M D Y
3. Hepatitis B surface antibody: ............................................................................................................. Date M D Y Result: Reactive Non-reactive

F. MENINGOCOCCAL QUADRIVALENT (A,C,Y,W-135) Two dose primary series (if started before age 16) for first-year college students living in residence halls, persons with HIV infection, terminal complement deficiencies or asplenia, and travelers to endemic areas of the world. All incoming college students age 21 or younger should have a dose of MCV4 no more than 5 years before enrollment. Other college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease, but vaccination is optional for these students.
1. Quadrivalent meningococcal conjugate vaccine (Menactra, MCV4): .............................................. #1 M D Y
2. Dose #2 (at least 8 weeks after first dose) if initial dose given before age 16, or for persons with ongoing risk: .... #2 M D Y

Please continue to page 2.
RECOMMENDED IMMUNIZATIONS

G. HUMAN PAPILLOMAVIRUS (HPV2 or HPV4) (Three doses of vaccine between 11-26 years of age at 0, 2, and 6 month intervals for both males and females.) Immunization Date ............................ #1 __/__/____ #2 __/__/____ #3 __/__/____

H. INFLUENZA Trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV). Annual immunization recommended for all college students to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. (Last dose)

   Immunization ........................................Date / / / M D Y M D Y M D Y M D Y
   TIV LAIV

I. HEPATITIS A
1. Immunization Date (hepatitis A) ............................................................................................................ #1 __/__/____ #2 __/__/____
   or

2. Immunization Date (Combined hepatitis A and B vaccine) ......................................................#1 __/__/____ #2 __/__/____ #3 __/__/____

J. PNEUMOCOCCAL POLYSACCHARIDE VACCINE
One dose for members of high-risk groups; Refer to ACIP for details ..................................................Date / / / M D Y

REQUIRED TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active tuberculosis disease? ...................................................... ☐ Yes ☐ No
   If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease.

2. Is the student a member of a high-risk group? (*) .......................................................................................... ☐ Yes ☐ No
   If No, stop. If Yes, place tuberculin skin test or draw blood for IGRA testing. A history of BCG vaccination should not preclude testing of a member of a high-risk group, but IGRA is preferred.

3. Tuberculin Skin Test: ............................................................ Date Given: __/__/____ Date Read: __/__/____ Result: __________
   (Record mm of induration; if no induration, write "0")

   TST interpretation (based on mm of induration and risk factors): ............................................................. ☐ Positive ☐ Negative

4. IGRA: ............................................................ Date: __/__/____ Result: Negative_____ Positive: _____ Intermediate: _____

5. Chest x-ray ............................................................ Date of chest x-ray: __/__/____ Result: ☐ Normal ☐ Abnormal
   (required if TST or IGRA is positive)

(*)High risk groups include those students who were born in, or who have had frequent or prolonged visits to countries where TB is endemic. See World Health Organization Global Health Observatory, Tuberculosis Incidence, list of countries with incidence rates of ≥ 20 cases per 100,000 population. For current listing of such countries refer to http://apps.who.int/gho/data/node.main.1320. Other categories of high-risk students include those with recent close contact with someone with infectious tuberculosis; with HIV infection/AIDS; who inject drugs; who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy or jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy, immunosuppressive therapy or other immunosuppressive disorders.