

**Gable Health and Counseling Center
IMMUNIZATION RECORD**

PART I

Name _____
First Name Middle Name

Last Name

Address _____
Street City State Zip

Date of Entry / / Date of Birth / / School ID# _____
M Y M D Y

Status: Part-time _____ Full-time _____ Graduate _____ Undergraduate _____ Professional _____

PART II: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. MMR (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

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. MENINGOCOCCAL QUADRIVALENT

(A, C, Y, W-135) One or 2 doses for all college students; revaccinate every 5 years if increased risk continues.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible).
 - a. Dose #1 / / b. Dose #2 / /
M D Y M D Y
2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available).
 Date / /
M D Y

C. TETANUS, DIPHTHERIA, PERTUSSIS

1. Primary series completed? Yes _____ No _____ Date of last dose in series: / /
M D Y
2. Date of most recent booster dose: / / Type of booster: Td _____ Tdap _____
M D Y *Tdap booster recommended for ages 11-64 unless contraindicated*

D. HEPATITIS B

(All college and health care professional students. 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)
 - a. Dose #1 / / b. Dose #2 / / c. Dose #3 / /
M D Y M D Y M D Y
 - Adult formulation _____ Child formulation _____ Adult formulation _____ Child formulation _____ Adult formulation _____ Child formulation _____
2. Immunization (Combined hepatitis A and B vaccine)
 - a. Dose #1 / / b. Dose #2 / / c. Dose #3 / /
M D Y M D Y M D Y
3. Hepatitis B surface antibody Date / / Result: Reactive _____ Non-reactive _____
M D Y

IMMUNIZATION RECORD (CONTD.)

E. INFLUENZA

Trivalent (IIV3) _____ Quadrivalent (IIV4) _____ Recombinant (RIV3) _____ Live attenuated influenza vaccine (LAIV) _____

Date of last dose: ____/____/____
M D Y

F. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes ___ No ___ or Birth in U.S. before 1980 Yes ___ No ___

2. Varicella antibody ____/____/____ Result: Reactive _____ Non-reactive _____
M D Y

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 ____/____/____
and at least 4 weeks after first dose if age 13 years or older. M D Y

G. HUMAN PAPILLOMAVIRUS VACCINE (HPV2/HPV4/HPV9)

(Three doses of vaccine for females and males 11–26 years of age at 0, 1–2, and 6 month intervals.)

Immunization (indicate which preparation, if known) Quadrivalent (HPV4) _____ or Bivalent (HPV2) _____ or 9-valent (HPV9) _____

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M D Y M D Y M D Y

H. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____
M D Y M D Y

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M D Y M D Y M D Y

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

PCV 13 _____ Date ____/____/____ PPSV 23 _____ Date ____/____/____
M D Y M D Y

J. MENINGOCOCCAL SEROGROUP B

(Two or three dose series; may be given to any college student or for outbreak control; may be given with quadrivalent meningococcal vaccine at different anatomic site. Must complete series with the same vaccine.)

1. MenB-RC (Bexsero) ___routine ___outbreak-related

a. Dose #1 ____/____/____ b. Dose #2. ____/____/____
M D Y M D Y

OR

1. MenB-FHbp (Trumenba) ___routine ___outbreak-related

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
M D Y M D Y M D Y

I. 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 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV #1 ____/____/____ IPV #2 ____/____/____ OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y

IMMUNIZATION RECORD (CONTD.)

M. TUBERCULOSIS (TB) SCREENING/TESTING¹

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? Yes No
(If yes, please CIRCLE the country, below)

Afghanistan	Congo	Iran (Islamic Republic of)	Namibia	Solomon Islands
Algeria	Côte d'Ivoire	Iraq	Nauru	Somalia South Africa
Angola	Democratic People's Republic of Korea	Kazakhstan	Nepal	South Sudan
Anguilla	Democratic Republic of the Congo	Kenya	Nicaragua	Sri Lanka
Argentina	Djibouti	Kiribati	Niger	Sudan
Armenia	Dominican Republic	Kuwait	Nigeria	Suriname
Azerbaijan	Ecuador	Kyrgyzstan	Northern Mariana Islands	Swaziland
Bangladesh	El Salvador	Lao People's Democratic Republic	Pakistan	Tajikistan
Belarus	Equatorial Guinea	Latvia	Palau	Thailand
Belize	Eritrea	Lesotho	Panama	Timor-Leste
Benin	Estonia	Liberia	Papua New Guinea	Togo
Bhutan	Ethiopia	Libya	Paraguay	Trinidad and Tobago
Bolivia (Plurinational State of)	Fiji	Lithuania	Peru	Tunisia
Bosnia and Herzegovina	French Polynesia	Madagascar	Philippines	Turkmenistan
Botswana	Gabon	Malawi	Poland	Tuvalu
Brazil	Gambia	Malaysia	Portugal	Uganda
Brunei Darussalam	Georgia	Maldives	Qatar	Ukraine
Bulgaria	Ghana	Mali	Republic of Korea	United Republic of Tanzania
Burkina Faso	Greenland	Marshall Islands	Republic of Moldova	Uruguay
Burundi	Guam	Mauritania	Romania	Uzbekistan
Cabo Verde	Guatemala	Mauritius	Russian Federation	Vanuatu
Cambodia	Guinea	Mexico	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guinea-Bissau	Micronesia (Federated States of)	Saint Vincent and the Grenadines	Viet Nam
Central African Republic	Guyana	Mongolia	Sao Tome and Principe	Yemen
Chad	Haiti	Montenegro	Senegal	Zambia
China	Honduras	Morocco	Serbia	Zimbabwe
China, Hong Kong SAR	India	Mozambique	Seychelles	
China, Macao SAR	Indonesia	Myanmar	Sierra Leone	
Colombia			Singapore	
Comoros				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, [insert your college/university name] requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

¹The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit <http://www.acha.org/Guidelines>.

IMMUNIZATION RECORD (CONTD.)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

HEALTH CARE PROVIDER

Name _____ Signature _____
Address _____ Phone (_____) _____

END of FORM
