

Immunization Record

Name _____ Birth Date ____/____/____ Male ____ Female ____
(Last) (First) (Middle) M D Y

Documentation of Vaccinations Required for Admission:

All appropriate doses and dates must be entered and documents must include the applicant name.

Vaccine	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5 Date
DTaP (diphtheria,-tetanus-pertussis)	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>
Tdap (tetanus-diphtheria-pertussis) (11 years and older)	____/____/____ <small>M D Y</small>				
Hepatitis B	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>		
Polio	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>	
Measles Mumps Rubella (MMR)	____/____/____ <small>M D Y</small>	____/____/____ <small>M D Y</small>			
Varicella (chicken pox)	____/____/____ <small>M D Y</small>	Or Varicella Disease ____/____/____ <small>M D Y</small>			
Meningococcal Meningitis	____/____/____ <small>M D Y</small>	Recommended for all students (see below to decline this immunization)			

I have read the enclosed information and decline to receive the Meningococcal Meningitis vaccine. _____

Signature

(Parent/Guardian must also sign if applicant is under age 18)

REQUIRED for all foreign born applicants and US or Canadian citizens residing outside the US and Canada.

Tuberculin Skin Test (TST) or the QuantiFERON-TB Gold (QFT-G) must be done no more than 12 months prior to admission/arrival on campus. TST results should be recorded as actual millimeters (mm) of induration, transverse diameter. If no induration write "0." QFT-G should be documented as negative or positive. Those individuals whose most recent screening resulted as "positive" must have a negative chest x-ray and medical clearance.

TST Read: ____/____/____ Results: _____mm <small>mm dd yyyy</small> Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive – X-Ray Required <hr/> Name and title of person reading TST	QFT-G Read: ____/____/____ <small>mm dd yyyy</small> Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive – X-Ray Required <hr/> Name and title of person reading QFT-G
Date of Chest X-Ray: ____/____/____ <small>mm dd yyyy</small> <input type="checkbox"/> Medically cleared. No evidence of Active TB. <hr/> Signature of physician ordering X-Ray	A 6-9 month treatment of INH is recommended for any positive TST or QFT-G. Treatment Date: ____/____/____ to ____/____/____ <small>mm dd yyyy mm dd yyyy</small> <hr/> Treating physician's signature

Physical Evaluation is required for all Dual and High School Enrollment Applicants

Name: _____ Date: _____
(Last) (First) (Middle)

This Physical Evaluation must be completed ONLY by a Primary Care Provider.

Screening Results:

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Vision - Without Correction	Right 20/_____	Left 20/_____	Hearing - Right	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
Vision - With Correction	Right 20/_____	Left 20/_____	Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>

Gross Dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Head/Scalp/Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Postural Assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment

This student has the following problems that may affect the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

- This student has a health condition (such as seizures or allergies) that may require emergency action at school. Specify: _____

Recommendations (attach additional sheet if necessary): _____

Please Check One:

- This student may participate in all school activities including physical education.
- This student may participate in all school activities including physical education with the following restriction/adaptation: _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)

PHYSICIAN SIGNATURE

LICENSE NO. or OFFICE STAMP WITH ADDRESS

Meningococcal Vaccine

1. What is meningococcal disease?

Meningococcal disease is a serious illness caused by a bacteria. It is the leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections.

About 2,600 people get meningococcal disease each year in the U.S. Ten to fifteen percent of these people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. **College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease.**

Meningococcal vaccine can prevent two of the three important types of meningococcal disease in older children and adults. Meningococcal vaccine is not effective in preventing all types of the disease, but it does help to protect many people who might become sick if they don't get the vaccine.

Drugs such as penicillin can be used to treat meningococcal infection. Still, about one out of every 10 people who get the disease dies from it, and many others are affected for life.

2. Who should get meningococcal vaccine?

College freshmen, especially those who live in dormitories, and their parents should discuss the benefits and risks of vaccination with their health care providers.

3. Who should not get meningococcal vaccine?

People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. People who are mildly ill at the time the shot is scheduled can still get meningococcal vaccine. People with moderate or severe illnesses should usually wait until they recover. Your provider can advise you.

4. What are the risks from meningococcal vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever.

5. How can I learn more?

- Ask your doctor or nurse or local health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 800-232-2522 (English) or 800-232-0233 (Spanish)
- Visit the National Immunization Program's website at: <http://www.cdc.gov/vaccines>
- Visit the National Center for Infectious Disease's meningococcal disease website at <http://www.cdc.gov/meningitis/about/faq.html>