

# MEDICAL SCREENING and IMMUNIZATION HISTORY

PENSACOLA CHRISTIAN COLLEGE®

Print all information in pen.

Name (Last / First / Middle)

Birth (Month / Day / Year)

Student ID

## Tuberculosis Screening

All applicants are required to complete the tuberculosis screening; testing requirements are determined by the screening results.

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 listed below that have a high incidence of active TB disease?  Yes  No

(If yes, please CIRCLE the country below.)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012

Have you visited one or more of the countries listed above for a combined total of 3 weeks or more?  Yes  No

(If yes, please CHECK which countries.)

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

**If the answer to any of the above questions is YES, Pensacola Christian College requires that you receive TB testing no sooner than 6 months prior to your admission/arrival on campus. Your enrollment advisor will provide a form so that you may complete this testing.**

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

I attest that the information on this screening is true and accurate. I understand that this form is necessary for admission to the college and that falsification of information may result in dismissal from college. I freely consent to this form and other provided medical documents to be used for my treatment at The Graf Clinic.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18)

Date

## **Immunization History**

### **REQUIRED Immunizations for all applicants:**

**1. MMR** – All applicants born after December 1956 must show proof of immunity or documentation of proper vaccination against Measles, Mumps, and Rubella (German measles) prior to registration. This includes the following:

*Two measles-containing vaccines, at least one being MMR, given at or after 12 months of age, with the second dose at least 28 days after the first*

- Those applicants (parents/legal guardians if under 18) who have a religious preference for refraining from immunizations must submit a signed and dated letter/statement indicating this.
- Those applicants (parents/legal guardians if under 18) who have a medical reason for refraining from immunizations must submit a signed and dated letter from a physician indicating this.

**2. Hepatitis B and Meningococcal Meningitis** – The State of Florida requires any individual enrolled in a post-secondary educational institution to either provide documentation of having received vaccinations against Hepatitis B and Meningococcal Meningitis or to decline the vaccinations. Any applicant wishing to decline these vaccines must read the information about them (available at [www.immunize.org/vis](http://www.immunize.org/vis)) and sign the waiver(s) below.

I have read the information and decline to receive the Hepatitis B vaccine.

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**Applicant's Signature** (Parent/Legal Guardian must also sign if applicant is under 18)

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

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**Applicant's Signature** (Parent/Legal Guardian must also sign if applicant is under 18)

### **RECOMMENDED Immunizations for all applicants:**

**1. Varicella** (Chicken Pox)

**2. Tetanus** (Td or Tdap)

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**\*\*Attach all supporting documentation. Acceptable forms of documentation for all immunizations include the following (with applicant's name noted on all documents)\*\***

Physician's office shot record     Previous school shot record     Health department shot record     Lab evidence of immunity

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