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
Argentina  Comoros  Guinea-Bissau  Mali  Poland  Tanzania
Armenia  Côte d’Ivoire (Ivory Coast)  Haiti  Marshall Islands  Portugal  Thailand
Azerbaijan  Democratic People’s Republic of Korea  Hong Kong  Mexico  Republic of the Congo  Timor Leste
Bangladesh  Democratic Republic of the Congo  Indonesia  Micronesia  Romania  Tunisia
Belarus  Russia  Rwanda  Turkey
Benin  Democratic Republic of the Congo  Iraq  Morocco  Saint Vincent and the Grenadines  Tuvalu
Bolivia  Djibouti  Iran  Mongolia  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

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

Pensacola Christian College reserves the right to refuse enrollment to any applicant whose health record indicates the existence of a condition which may be harmful to the members of the College community.

Revised 12/2015
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.
     
     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.
     
     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)

**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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