

# SALISBURY UNIVERSITY STUDENT HEALTH SERVICES PRE-ENTRANCE IMMUNIZATION RECORD FORM

This form, completed and SIGNED by a health care provider, OR an official copy of your immunizations must be uploaded into the secure student health web portal: **Myhealth.salisbury.edu**

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801 • Fax: 410-548-4101 • Email: studenthealth@salisbury.edu

STUDENT NAME: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ SU ID #: \_\_\_\_\_

### REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON SU'S MAIN CAMPUS AND AFFILIATED CAMPUSES:

VACCINE	DOSE 1	DOSE 2	Alternative to MMR vaccine:
<b>Measles-Mumps-Rubella</b> 2 doses given on or after 1st birthday	___/___/___	___/___/___	Measles (rubeola) IgG titer <input type="checkbox"/> Positive Mumps IgG titer <input type="checkbox"/> Positive Rubella IgG titer <input type="checkbox"/> Positive <b>Attach copy of titer results</b>
<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> Single dose of Adult Tdap (Adacel <sup>®</sup> or Boostrix <sup>®</sup> ) given at ≥ 11 yrs. of age AND after 5/2005 (date of FDA licensure).	___/___/___		A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, Td booster within 10 years of start of classes will be accepted.  Last Td booster, if Pertussis contraindicated: ___/___/___

### TUBERCULOSIS SCREENING

**U.S. CITIZENS/PERMANENT RESIDENTS:** You must complete the online TB risk screening form found on the secure student web portal (<http://myhealth.salisbury.edu>). If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. The TB test form can be downloaded from the web portal and sent in with this form.

**ALL INTERNATIONAL STUDENTS ON VISAS:** A TB test is required, regardless of prior BCG vaccine. If you have had a TB skin test, TB blood test or chest x-ray performed in the U.S. within 6 months of arrival to Salisbury University, send this documentation, including official chest x-ray report. PLEASE DO NOT SEND THE X-RAY FILM. If you have ever been treated for a positive TB test or active tuberculosis, include documentation of medication and duration of treatment; and if you have not had a TB test, please have a Quantiferon Gold Test or a T Spot Blood test done and submit documentation via email or fax.

### REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING (recommended for any student ≤ 21 yrs. of age):

VACCINE	DOSE 1	DOSE 2	ALTERNATIVE
<b>Meningococcal (Meningitis)</b> (Conjugate vaccine, Menactra <sup>®</sup> or Menveo <sup>®</sup> ) Given > 16 yrs. of age.	___/___/___	___/___/___	<input type="checkbox"/> Signed Meningococcal Vaccine Housing Waiver returned to Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801.

### RECOMMENDED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING, Meningococcal Vaccine for Sero Group B

VACCINE	DOSE 1	DOSE 2	
MenB-4C (Bexsero <sup>®</sup> ) or	___/___/___	___/___/___	
MenB-FHbp (Trumenba <sup>®</sup> )	___/___/___	___/___/___	

### REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS (recommended for all students):

VACCINE	DOSE 1	DOSE 2	DOSE 3	ALTERNATIVE
Varicella	___/___/___	___/___/___		Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Varicella (chicken pox disease) (Physician documentation must be attached)	___/___/___			
Hepatitis B	___/___/___	___/___/___	___/___/___	Hep B S Ab titer: <input type="checkbox"/> Positive (Attach copy of titer results)

### RECOMMENDED FOR FEMALE AND MALE STUDENTS ≤ 26 yrs. of age:

VACCINE	DOSE 1	DOSE 2	DOSE 3	
Human Papilloma Virus (HPV)	___/___/___	___/___/___	___/___/___	

**EXEMPTION FROM REQUIRED IMMUNIZATIONS:** Only bona fide medical exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak. Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent.

**RELIGIOUS:** Student must complete and have notarized a Request For Exemption detailing religious basis of request. Form available by calling Student Health Services.

HEALTH CARE PROVIDER (PRINT NAME): \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARE PROVIDER ADDRESS \_\_\_\_\_

