

Immunization Record and Recommendations

NAME: _____ Student ID#: _____

- Check here if you were born before January 1, 1957, for the age exemption, for Measles, Mumps, Rubella (MMR)
 Check here if you are a "distance learner", for exemption.

M.M.R. (Measles, Mumps, Rubella) (2 doses required)

1. Dose 1 given at age 12-15 months or later: _____ / _____
 2. Dose 2 given at age 4-6 years or later and at least 4 weeks after first dose: _____ / _____

Tetanus-Diphtheria (Primary series with DtaP or DTP and booster with Td preferably in the last 10 years)

1. Completed primary series of 4 doses (DtaP or DTP): _____ / _____
 2. Tetanus-Diphtheria (Td) booster: _____ / _____

Polio (Primary series in childhood meets requirements: 3 primary series schedules are acceptable)

1. OPV alone (oral Sabin 3 doses): #1 _____ / _____ #2 _____ / _____ #3 _____ / _____
 2. IPV alone (injected Salk 4 doses): #1 _____ / _____ #2 _____ / _____ #3 _____ / _____ #4 _____ / _____
 3. IPV/OPV sequential: IPV #1 _____ / _____ IPV #2 _____ / _____ OPV #3 _____ / _____ OPV #4 _____ / _____

Hepatitis B (3 doses of vaccine or a positive Hepatitis surface antibody)

1. Immunization
 a. Dose #1 _____ / _____ b. Dose #2 _____ / _____ c. Dose #3 _____ / _____
 b. Hepatitis B surface antibody: Date: _____ / _____ Result: Reactive _____ Non Reactive _____

Varicella (Either a history of chicken pox, a positive Varicella antibody, or 2 doses of vaccine given at least 4-8 weeks after first dose if immunized after age 13)

1. History of Disease Yes _____ No _____
 2. Varicella antibody _____ / _____ Reactive _____ Non Reactive _____
 3. Immunization a. Dose #1 _____ / _____ b. Dose #2 (given at least 4-8 weeks after first dose 1 if age 13 or older) _____ / _____

Meningococcal (1 dose - preferably at entry into college for students living in residence halls and students less than 25 years old who wish to reduce risk of disease)
 Quadrivalent polysaccharide vaccine _____ / _____

I certify that the above information is a true and accurate statement of the dates on which I receive the immunizations.

Signature of student, parent, or health care provider: _____ Date: _____

Medical Exemption

Medical Exemption: the student named above does not have one or more of the required immunizations because he/she has:

(check all that may apply and fill in the blanks)

- shown laboratory evidence of immunity against _____ vaccine(s)
 a medical problem that precludes the _____ vaccine(s)
 had disease _____
 not been immunized because of a history of _____ disease

Physician's Signature _____ Date: _____
 REQUIRED

Conscientious Exemption

Conscientious Exemption: I hereby certify by my signature that immunization against _____ is contrary to my conscientiously held beliefs.

Physician's Signature _____ Date: _____
 REQUIRED

VACCINE	AGE INDICATED	MAJOR INDICATIONS*	MAJOR PRECAUTIONS*	VACCINE	AGE INDICATED	MAJOR INDICATIONS*	MAJOR PRECAUTIONS*
Measles, Mumps, Rubella (MMR)	1st dose at age 12-15 months or later; 2nd dose at age 4-6 years or later and at least 4 weeks after 1st dose.	All entering college students born after 1956.	Pregnancy; history of anaphylactic reaction to eggs or neomycin; immunosuppression. Appropriate for HIV antibody positive persons.	Varicella	Childhood, adolescence, young adulthood	All entering college students without history of the disease or without age appropriate immunization or with a negative antibody titer (two doses at least 4-6 weeks after 1st dose, if over age 13 years).	Pregnancy
Tetanus, Diphtheria, Pertussis -Diphtheria, tetanus toxoid, and acellular (whole-cell) pertussis: DtaP (DTP) -Diphtheria and tetanus toxoid (Td)	Primary series in childhood with DTaP or DTP, booster at age 11-12 years with Td, then preferable every 10 years.	All college students.	History of a neurologic hypersensitivity reaction following a previous dose.	Hepatitis B Vaccine	Series of 3 doses (given at 0, 1-2 mo., and 6-12 mo.) prior to college entry.	All college students.	None
Polio Vaccine -Inactive (IPV) -Oral poliovirus (OPV)	Primary series in childhood with IPV alone, OPV alone, or IPV/CPV sequentially; booster only if needed for travel after age 18 yrs.	IPV for certain international travelers.	OPV should not be given to immunocompromised or HIV antibody positive persons.	Meningococcal quadrivalent polysaccharide vaccine: Recommendation for vaccination	Over 2 years, repeat every 3-5 years.	Certain high risk groups including persons with terminal complement deficiencies or those with asplenia. Research or laboratory personnel who may be exposed to aerosolized meningococci.	None

Tuberculosis Screening ¹

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____
If No, proceed to 2.
If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
2. Is the student a member of a high-risk group² Yes _____ No _____
If No, stop. Mail all forms to address below.
If Yes, Mantoux Tuberculin skin test is indicated.
A history of BCG vaccination should not preclude testing of a member of a high-risk group.
3. Tuberculin Skin Test:
Date Given: / / Date Read: / /
Result: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0")
Interpretation (based on mm of induration as well as risk factors): Positive _____ Negative _____
4. Chest x-ray (required if tuberculin skin test is positive) result: Normal _____ Abnormal _____
Date of check x-ray: / /

Health Care Provider

Name _____ Address _____
Signature _____ Phone () _____

¹ The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit: www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following web site: www.cdc.gov/ncstp/tb/pubs/corecurr/.

² Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. Students should undergo TB screening if they have arrived from countries **EXCEPT** those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunioileal bypass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone - 15 mg/d for 1 month) or other immunosuppressive disorders.

Please return forms:

- **Confidential Health Questionnaire**
- **Immunization Record**
- **Tuberculosis Screening (if applicable)**
- **Minor's consent Form (if applicable)**

to: Student Health Services prior to first day of classes.

Make a copy to keep with your personal records.

Mail to: UW-Stout, Student Health Services, Menomonie, WI 54751