



## Immunization Record

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Last) (First) (Middle)

Furman University **REQUIRES** the following immunizations upon the recommendation of the American College Health Association, South Carolina Department of Health and U.S. Public Health.

### This Section Must Be Completed and Signed By Your Health Care Provider.

#### All Dates Must Include Month, Day, and Year

**A. M.M.R. (Measles, Mumps, Rubella) -Two doses: *Required***

Dose #1 given at age 12-15 months or later..... #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dose #2, given at least 28 days after first dose..... #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. TDaP Booster (Tetanus, diphtheria, and pertussis): *Required***

To replace single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**C. Hepatitis B (Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or positive Hep B surface antibody): *Required***

- a. Vaccine Dates .....Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
b. Hepatitis B surface antibody .....Test Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results Reactive \_\_\_\_ Non-Reactive \_\_\_\_ (*Attach a copy of report*).

**D. Varicella (A history of chickenpox, a positive Varicella antibody, or two doses of vaccine to meet national standard requirement): *Required***

- a. History of chickenpox: Yes \_\_\_\_ No \_\_\_\_ History Date (Month/Year) \_\_\_\_ / \_\_\_\_  
b. Immunization: Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_; Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
c. Varicella antibody..... Test Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results Reactive \_\_\_\_ Non-Reactive \_\_\_\_ (*Attach a copy of report*)

**E. Meningococcal Tetraivalent \*\*\**Highly Recommended*\*\*\***

Tetralent Conjugate (MCV-4)..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
• If received before age 16, a booster is recommended.....Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Meningitis B (Serogroup Meningococcal B)**

- May be indicated for high-risk individuals, which can include college students living in dorms
  - MenB-RC (Bexsero).....Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , **OR**
  - MenB-FHbp (Trumenba).....Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Dose #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**F. Tetanus-Diphtheria (Primary series with DTaP, DTP or DT, and booster with TD or Tdap in the last 10 years meets requirements): *Recommended***

1. Primary series of four doses with DTaP, DTP, or DT  
#1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #4 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #5 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**G. Hepatitis A: *Recommended***

1. Immunization (hepatitis A) a. Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ b. Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**H. Quadrivalent Human Papillomavirus Vaccine (HPV): *Recommended***

(Three doses of vaccine for female college students 11-26 years of age years of age at 0, 2 and 6-month intervals.)

Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I. Influenza: *Recommended* (Trivalent inactivated influenza vaccine, TIV, or live attenuated influenza vaccine, LAIV)**

Date of last Dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIV \_\_\_\_ LAIV \_\_\_\_

**J. Pneumococcal Polysaccharide Vaccine: *Recommended***

(One dose for members of high-risk groups)..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**K. Polio (OPV, IPV or IPV/OPV) [Circle one] Primary series in childhood meets requirement: *Recommended***

#1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #3 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #4 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ #5 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**L. Covid Vaccine: *Recommended***

Pfizer Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Moderna Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Johnson & Johnson \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
COVID Booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Tuberculosis (TB) Screening

Please answer **ALL** of the following questions:

Have you ever had a positive TB skin test? Yes \_\_\_\_ No \_\_\_\_

Have you ever had close contact with anyone who was sick with TB? Yes \_\_\_\_ No \_\_\_\_

Where you born in one of the countries listed below and arrived in the U.S. within the past 5 years? Yes \_\_\_\_ No \_\_\_\_

*(If yes, please circle the country below)*

Have you ever traveled to/in one or more of the countries listed below? Yes \_\_\_\_ No \_\_\_\_

*(If yes, please check the country/ies)*

Have you ever been vaccinated with BCG? Yes \_\_\_\_ No \_\_\_\_

Afghanistan  
Algeria  
Angola  
Argentina  
Armenia  
Azerbaijan  
Bangladesh  
Belarus  
Belize  
Benin  
Bhutan  
Bolivia  
Bosnia and Herzegovina  
Botswana  
Brazil  
Brunei Darussalam  
Bulgaria  
Burkina Faso  
Burundi  
Burma (Myanmar)  
Cabo Verde  
Cambodia  
Cameroon  
Central African Republic  
Chad  
China  
Colombia  
Congo (Democratic Republic)  
Congo (Republic of)  
Cote d'Ivoire  
Djibouti  
Dominican Republic  
Ecuador  
El Salvador  
Equatorial Guinea  
Eritrea  
Ethiopia  
Fiji  
French Polynesia  
Gabon  
Gambia  
Georgia  
Guam

Guatemala  
Guinea  
Guinea-Bissau  
Guyana  
Haiti  
Honduras  
India  
Indonesia  
Iran\* (Islamic Republic of)  
Iraq  
Kazakhstan  
Kenya  
Kiribati  
Kuwait  
Kyrgyzstan  
Korea (North and South)  
Laos  
Latvia  
Lesotho  
Liberia  
Lithuania  
Libya\*  
Madagascar  
Malawi  
Malaysia  
Maldives  
Mali  
Marshall Islands  
Mauritania  
Mexico\*  
Micronesia (Federal States)  
Moldova (Republic of)  
Mongolia  
Morocco  
Mozambique  
Myanmar (Burma)  
Nauru  
Nepal  
Nicaragua  
Niger  
Nigeria  
Northern Mariana Islands  
Pakistan

Palau  
Panama  
Papua New Guinea  
Paraguay  
Peru  
Philippines  
Portugal  
Qatar  
Romania  
Russian Federation  
Rwanda  
Sao Tome and Principe  
Senegal  
Serbia  
Sierra Leone  
Singapore  
Solomon Islands  
Somalia  
South Africa  
South Sudan  
Sri Lanka  
Sudan  
Suriname  
Swaziland  
Syrian Arab Republic\*  
Tajikistan  
Thailand  
Timor-Leste  
Togo  
Tunisia  
Turkmenistan  
Tuvalu  
Tanzania (United Republic)  
Uganda  
Ukraine  
Uruguay  
Uzbekistan  
Vanuatu  
Venezuela  
Vietnam  
Wallis and Futuna Islands  
Yemen  
Zambia  
Zimbabwe

**If the answer is YES to any of the above questions, Furman University requires that a healthcare provider complete a 1-step PPD test. See form on next page.**

\*Locally identified high burden countries not meeting WHO definition of  $\geq 20/100,000$

## Tuberculosis (TB) Risk Assessment *continued*

**Please answer ALL of the following questions**

### 1. Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, proceed to 2 or 3. If yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive\_\_\_\_\_ negative\_\_\_\_\_

### 3. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal\_\_\_\_\_ abnormal\_\_\_\_\_

## Interpretation Guidelines

### >5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1month; taking a TNF- $\alpha$  antagonist
- Persons with HIV/AIDS

### >10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

### >15 mm is positive:

- Persons with no known risk factors for TB disease

## Healthcare Provider (required only for PPD test or other vital medical information)

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone (       ) \_\_\_\_\_