IMMUNIZATION RECORD

Upper Iowa University

PART I

Name _____ _____
First Name - Middle Name - Last Name

Address _____
Street, City, State & Zip

Date of Entry ____/_____ Date of Birth ___/___/_____ School ID # _____
M Y M D Y

PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health sciences students.)

1. Dose 1 given at age 12 months or later. . . . . #1 ___/___/___
M D Y

2. Dose 2 given at least 28 days after first dose. . . . . #2 ___/___/___
M D Y

B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 ___/___/___ #2 ___/___/___ #3 ___/___/___
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV #1 ___/___/___ IPV #2___/___/___ OPV #3 ___/___/___ OPV #4 ___/___/___
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1___/___/___ #2 ___/___/___ #3___/___/____ #4___/___/____
M D Y M D Y M D Y M D Y

C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes _____ No _____ or Birth in U.S. before 1980 Yes _____ No _____

2. Varicella antibody ___/___/___ Result: Reactive _____ Non-reactive _____
M D Y

3. Immunization
   a. Dose #1 . . . . . #1___/___/___
   M D Y

   b. Dose #2 given at least 12 weeks after first dose ages 1-12 years #2 ___/___/___
   and at least 4 weeks after first dose if age 13 years or older. M D Y

D. TETANUS-DIPHTHERIA-PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details)

1. Primary series of four doses with DTaP, DTP, DT, or Td: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___
M D Y M D Y M D Y M D Y

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible). . . . . ___/___/___
M D Y

3. Booster: Td within the last ten years. . . . . ___/___/___
M D Y

(continued)

E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

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

Immunization (HPV) a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
M D Y M D Y M D Y

F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date ___/___/___ ___/___/____ ___/___/____ ___/___/____ ___/___/___
M D Y M D Y M D Y M D Y M D Y

TIV___ LAIV___ TIV____ LAIV____ TIV____ LAIV____ TIV____ LAIV____ TIV____ LAIV____

G. HEPATITIS A

1. Immunization (hepatitis A)
   a. Dose #1 ___/___/___ b. Dose #2 ___/___/___
   M D Y M D Y
2. Immunization (Combined hepatitis A and B vaccine)
   a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
   M D Y M D Y M D Y

H. HEPATITIS B

(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)
   a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
   M D Y M D Y M D Y
   Adult formulation____ Child formulation____ Adult formulation____ Child formulation____ Adult formulation____ Child formulation____
2. Immunization (Combined hepatitis A and B vaccine)
   a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
   M D Y M D Y M D Y
3. Hepatitis B surface antibody Date ___/___/___
   M D Y
   Result: Reactive_____ Non-reactive_____

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)
Date ___/___/___
M D Y

J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetravalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date ___/___/___
M D Y

Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):
Date ___/___/___ ___/___/___
M D Y M D Y

If the answer is YES to any of the above questions, _____
requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior to the start of classes).

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

(continued)

K. TUBERCULOSIS (TB) SCREENING/TESTING 1

Please answer 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 _____

Were 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)

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 _____

**future CDC updates may eliminate the 5 year time frame*
*** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Congo	Kazakhstan	Nepal	Spain
Algeria	Congo DR	Kenya	New Caledonia	Sri Lanka
Angola	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Anguilla	Croatia	Korea-DPR	Niger	Suriname
Argentina	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Armenia	Dominican Republic	Kuwait	Niue	Swaziland
Azerbaijan	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Bahamas	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahrain	El Salvador	Latvia	Palau	Thailand
Bangladesh	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Belarus	Eritrea	Liberia	Papua New Guinea	Togo
Belize	Estonia	Lithuania	Paraguay	Tokelau
Benin	Ethiopia	Macedonia-TFYR	Peru	Tonga
Bhutan	Fiji	Madagascar	Philippines	Tunisia
Bolivia	French Polynesia	Malawi	Poland	Turkey
Bosnia &	Gabon	Malaysia	Portugal	Turkmenistan
Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna
Cape Verde	Honduras	Montenegro	Seychelles	Islands
Central African Rep.	India	Morocco	Sierra Leone	W. Bank & Gaza
Chad	Indonesia	Mozambique	Singapore	Strip
China	Iran	Myanmar	Solomon Islands	Yemen
Colombia	Iraq	Namibia	Somalia	Zambia
Comoros	Japan	Nauru	South Africa	Zimbabwe

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

1The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit www.acha.org.

HEALTH CARE PROVIDER

Name _____

Address _____

Signature _____ Phone _____

(continued)

TUBERCULOSIS (TB) RISK ASSESSMENT

Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Recent close contact with someone with infectious TB disease Yes _____ No _____

Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America) Yes _____ No _____

Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease Yes _____ No _____

HIV/AIDS Yes _____ No _____

Organ transplant recipient Yes _____ No _____

Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-⟨ antagonist) Yes _____ No _____

History of illicit drug use Yes _____ No _____

Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities) Yes _____ No _____

Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or mor e below ideal for the given population)] Yes _____ No _____

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

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: ____/____/____
   M D Y M D Y
   Result: _____ mm of induration **Interpretation: positive____ negative____

   Date Given: ____/____/____ Date Read: ____/____/____
   M D Y M D Y
   Result: _____ mm of induration **Interpretation: positive____ negative____

3. **Interferon Gamma Release Assay (IGRA)**
   Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT other____
   M D Y
   Result: negative____ positive____ intermediate____

   Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT other____
   M D Y
   Result: negative____ positive____ intermediate____

4. **Chest x-ray: (Required if TST or IGRA is positive)**
   Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
   M D Y

****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-⟨ 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, leukemia 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

******The significance of the exposure should be discussed with a health care provider and evaluated.*