



THIS FORM MUST BE RETURNED BEFORE ORIENTATION TO:

Immunization Coordinator, Box 35 University of South Carolina Aiken 471 University Parkway Aiken, SC 29801 Ph: (803) 641-3487, Fax: (803) 641-3727

Student Name

Last

First

Middle

SSN/Student Number

TO BE COMPLETED BY STUDENT

Name _____ SSN/Student ID # _____

Last First Middle

Address _____ Date of Birth ____/____/____

Street/P.O. Box

Mo Day Yr

Sex [] M [] F

City

State

Zip Code

Telephone (____) _____ Email _____

Applying for: [] Fall [] Spring [] Summer I [] Summer II [] Maymester Year _____

Check one: [] Undergraduate [] Graduate [] Other

Required Immunizations For ALL Students Must Be Completed & Signed By Your Healthcare Provider (or attach a legible photocopy verified by a doctor's signature or stamp or by a clinic or health department stamp)

M.M.R. (Measles, Mumps, Rubella) [Two doses required for students born in 1957 or later]

[] a. Dose 1 given at age 12 months or later#1 ____/____/____

Mo Day Yr

[] Dose 2 give at least 28 days after the first dose.....#2 ____/____/____

Mo Day Yr

[] b. Laboratory/serologic evidence of immunity (attach a copy of positive titer with date)

[] c. Exemption: I was born before 1957, and therefore am exempt from this requirement

Required Immunizations For Freshman Students Living in Housing

Review Facts on Meningococcal Disease (see page 2) before making a decision on receiving the Menactra Immunization/Vaccine (Menactra must be dated after 2005)

[] a. Option 1: I received Menactra (MCV4) Vaccine at my healthcare provider's office (pediatrician's office, health department, or clinic).

*Bottom Section (Health Care Provider) Must Be Completed & Signed by your vaccine provider; OR A Legal Photocopy of your Student's Immunization/Vaccine Records may be attached as long as it is verified with a doctor's signature or stamp, or by a clinic or health department's stamp.

Menactra (MCV4) Vaccine Lot # _____ Administration Date ____/____/____

Mo Day Yr

[] b. Option 2: I would like to receive Menactra (MCV4) Vaccine in the USCA Student Health Center during Freshman Orientation, Summer 2009. Please provide a phone number & email where you can best be reached: Ph (____) _____ Email _____

[] c. Option 3: I have read the information provided on page 2 & educated myself on the risks of Meningococcal Disease. I choose NOT to be vaccinated with Menactra (MCV4).

Signature (parent signs if student is under 18 years of age) _____ Date: _____

*Health Care Provider Signature or Stamp Required from all students receiving MMR and those in housing receiving Menactra

Name: _____ Date: _____

(Please Print)

Address: _____

Street/P.O. Box

City

State

Zip Code

Phone: (____) _____ Signature: _____

****Additional Immunization Required for International Students****

Tuberculosis Screening

1. Have you ever had a positive TB skin test?.....YES _____ NO _____
2. Have you ever had close contact with anyone who was sick with TB?.....YES _____ NO _____
3. Have you ever been vaccinated with BCG?.....YES _____ NO _____
4. Are you a member of a high-risk group¹?.....YES _____ NO _____
5. If No (to #4), you are not required to have a TB screening. If YES, you are required to have a TB screening.
BCG vaccine is not acceptable to meet this requirement.

1. Tuberculin Skin Test:

Date Given: / /
Mo Day Yr

Date Read: / /
Mo Day Yr

Result: _____ mm (Record actual mm of induration, transverse diameter; if no induration, write "0")

Positive _____ Negative _____ (Interpretation, based on mm of induration as well as risk factors)

2. Chest X-ray (required if tuberculin skin test is positive)

Date of chest x-ray / / Normal _____ Abnormal _____
Mo Day Yr

Chest X-ray Findings (if abnormal) _____

¹ Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, 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.

Recommended Immunizations for All Students

Although they are not yet required, **meningococcal** and **hepatitis B** vaccinations are **strongly recommended** based on recommendations from the Centers for Disease Control (CDC) and the American College Health Association. These recommendations are made based on recent studies showing that college students, particularly freshmen living in residence halls, have a six-times greater risk for meningitis and an increased risk of hepatitis B than the general population.

Meningococcal disease is a rare but potentially fatal bacterial infection that occurs in one of two forms, either as meningococcal **Meningitis** (a bacterial infection that causes inflammation of the brain and spinal cord) or meningococemia (a bacterial infection of the blood). Meningitis is difficult to diagnose because of its flu-like symptoms. It progresses very quickly and may result in permanent disability or death within a matter of hours of the first symptoms. Transmission of the disease occurs from person to person through respiratory or oral secretions. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. Ask about the Menactra vaccine for protection against Meningitis & Meningococemia.

Hepatitis B virus (HBV) exposure can result in a serious disease that attacks the liver. There is no cure for this disease. The CDC estimates that some 80,000 new cases occur in the US each year and approximately 500 people die from chronic liver problems related to hepatitis disease annually. HBV is a blood-borne disease and is commonly spread by contact with infected blood, needles or other sharps, or by having sex with an infected person. The best protection against HBV is immunization.

In addition, it is recommended that students receive two **varicella** (chicken pox) vaccines if they have never had chicken pox or receive a second varicella vaccine if they have only received one previously. It is also recommended that female students receive the series of three **Gardasil** vaccines to protect them from cervical cancer.

For more detailed information, visit the Centers for Disease Control & Prevention web site at www.cdc.gov or the American College Health Association website at www.acha.org. Consult with your family physician, local Health Department and your Student Health Center for vaccine information.