

AUGUSTA UNIVERSITY CERTIFICATE OF IMMUNIZATION

Your health care provider must complete and sign this form. All information must be written in English.

This document must be submitted at least two (2) weeks prior to registration.

Please follow the directions at <http://www.augusta.edu/shs/immunizations.php> to submit your record.

REQUIRED IMMUNIZATIONS & TESTS

Vaccine	Date: M/DD/YYYY	REQUIRED FOR & WHAT is needed
MMR (measles, mumps, rubella)	#1: ____/____/____ #2: ____/____/____	REQUIRED for students born after Jan. 1, 1957: vaccine or antibody titer. WHAT: Two (2) doses of combined measles-mumps- rubella or "MMR" or separate vaccines for each measles, mumps, and rubella. The first dose of all vaccine types must be given at 12 months of age or later and the second dose of the MMR, measles, mumps at least 28 days after the first dose OR - Attach copy of lab report of IgG blood antibody titer results for each virus: measles, mumps, rubella as evidence of immunity.
Varicella	#1: ____/____/____ #2: ____/____/____ OR Chicken Pox disease: ____/____/____	REQUIRED for all students. WHAT: 2 doses given at least 3 months apart if both doses are given before age 13 OR - 2 doses at least 4 weeks apart if first dose is given after 13th birthday OR - documented history by physician of chicken pox or shingles OR - Attach copy of lab report of IgG antibody titer results as evidence of immunity.
Tetanus, Diphtheria, Pertussis (TDaP)	____/____/____ If TDaP is > 10 years old, date of last Tetanus booster: ____/____/____	REQUIRED for all students. WHAT: One Tdap dose administered after 6/10/2005. If TDaP is administered more than 10 years ago, then a Td booster dose is ALSO required.
Hepatitis B	#1: ____/____/____ #2: ____/____/____ #3: ____/____/____	REQUIRED for all students who will be 18 years of age or less at the time of expected enrollment date WHAT: 3 dose of hepatitis B series (given at 0, 1-2, and 4-6 months) OR -3 dose combined hepatitis A and hepatitis B series (at 0, 1-2 and 6-12 months) OR -2 dose hepatitis B series of Recombivax (at 0 and 4-6 months) given at 11-15 years of age OR -Attach copy of lab report of Hep B surface antibody titer results.
Tuberculosis (TB)	TB Screening Questionnaire on Page 2	REQUIRED: All students must complete the "TB screening questionnaire" on page 2.
Meningococcal (ACWY (MCV4))	#1 ____/____/____ & #2: ____/____/____ if initial dose more than 5 years ago	REQUIRED: All students living in on-campus housing or sorority/fraternity housing. WHAT: One dose if unvaccinated. If initial dose given more than 5 years ago, a booster is required. A student may sign a waiver and statement of understanding by going to: https://www.augusta.edu/shs/immunizationwaivers.php

STRONGLY RECOMMENDED IMMUNIZATIONS (NOT REQUIRED):

Vaccine	Date: MM/DD/YY	Date: MM/DD/YY	Date: MM/DD/YY	Notes:
COVID-19	____/____/____	____/____/____	____/____/____	Type:
Hepatitis A	____/____/____	____/____/____	____/____/____	Strongly recommended if travel outside of U.S.
Meningococcal B	____/____/____	____/____/____	____/____/____	(Bexsero or Trumenba – circle type given)
HPV	____/____/____	____/____/____	____/____/____	males and females through age 45 years
Influenza	____/____/____	-----		

I attest that all of the above information is accurate and agree to release this information to Augusta University Student Health.

Student Signature: _____ **Date:** _____

REQUIRED SIGNATURE OF licensed HEALTHCARE CLINICIAN*	
Name: _____	
Address: _____ Phone: _____	
Signature: _____ Date: _____	

* Healthcare Clinician can be a U.S. licensed physician, nurse practitioner, physician assistant or registered nurse.

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<https://www.augusta.edu/shs/documents/undergradform.pdf>

Please answer these questions –by checking the appropriate box (“Yes” or “No”):

1. Have you had close contact with persons known or suspected to have active TB? Yes No
2. Were you born in one of the countries listed below that have a high incidence of active TB? Yes No
- If yes, please **circle** the country below.

Afghanistan	Côte d'Ivoire	Japan	Nicaragua	Sudan
Algeria	Croatia	Kazakhstan	Niger	Suriname
Angola	Democratic People's Republic	Kenya	Nigeria	Tajikistan
Argentina	Korea	Kiribati	Pakistan	Thailand
Armenia	Democratic Republic of the	Kuwait	Palau	Timor-Leste
Azerbaijan	Congo	Kyrgyzstan	Panama	Togo
Bahrain	Djibouti	Lao People's Democratic	Papua New Guinea	Yokelau
Bangladesh	Dominican Republic	Republic	Paraguay	Tunisia
Belarus	Ecuador	Latvia	Peru	Turkmenistan
Belize	El Salvador	Lesotho	Philippines	Tuvalu
Benin	Equatorial Guinea	Liberia	Poland	Uganda
Bhutan	Eritrea	Libyan Arab Jamahiriya	Portugal	Ukraine
Bolivia (Plurinational State	Estonia	Lithuania	Qatar	Un. Rep. of Tazania
Bosnia and Herzegovina	Ethiopia	Madagascar	Republic of Korea	Uruguay
Botswana	Fiji	Malawi	Republic of Moldova	Uzbekistan
Brazil	Gabon	Malaysia	Romania	Venezuela (Bol. Rep.)
Brunei Darussalam	Gambia	Maldives	Russian Federation	Vietnam
Bulgaria	Georgia	Mali	Rwanda	Yemen
Burkina Faso	Ghana	Marshall Islands	Saint Vincent and the	Zambia
Burundi	Guam	Mauritania	Grenadines	Zimbabwe
Cambodia	Guatemala	Mauritius	Sao Tome and	
Cameroon	Guinea	Micronesia (Federated States	Senegal	
Cape Verde	Guinea-Bissau	of)	Seychelles	
Central African Republic	Guyana	Mongolia	Sierra Leone	
Chad	Haiti	Morocco	Singapore	
China	Honduras	Mozambique	Solomon	
Colombia	India	Myanmar	Somalia	
Comoros	Indonesia	Namibia	South Africa	
Congo	Iraq	Nepal	Sri Lanka	

3. Have you had frequent or prolonged visits to one or more of the countries listed above? Yes No
- If yes, **check** the applicable countries.
4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, homeless shelters, long-term care facilities, etc.) Yes No
5. Have you been a volunteer or healthcare worker who served clients/patients who were at increased risk for active TB disease? Yes No
6. Have you ever been a member of any of the following groups that may have an increased incidence of latent or active TB disease: medical underserved, low-income, or abusing drugs or alcohol? Yes No
7. Have you ever had a positive TB skin test or IGRA blood test? Yes No
8. Have you had the BCG* vaccination? Yes No

*The BCG vaccination is a vaccine for TB that is typically given in foreign countries with a higher incidence of TB. For more information regarding this vaccine, visit: <https://www.cdc.gov/vaccines/vpd/tb/index.html>.

ATTESTATION STATEMENT:

I attest that the above information is accurate.

Student Signature: _____ Date: _____

CLINICAL ASSESSMENT BY HEALTHCARE CLINICIANS

1. Please review and verify the TB Questionnaire responses. If any are answered "YES", they are candidates for either tuberculin skin test or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.
2. History of positive TB skin test or IGRA blood test? Yes (document below) No
History of BCG vaccination? Yes (consider IGRA if possible) No
3. TB Symptoms Check: Does the student have signs or symptoms of active pulmonary TB disease? Yes No
4. Proceed with further tests to exclude active TB, including chest X-ray as medically indicated.
5. Diagnostic/screening tests:
 - Tuberculin Skin Test (TST):
 - Date Given: _____ Date Read: _____
 - Skin test result = _____ mm induration; interpretation* = positive negative
 - Interferon Gamma Release Assay (IGRA) (Required if TST is positive. Lab report must be attached)
 - Date obtained: ____/____/____ Specify method: QFT-GIT T-spot other
 - Result: Positive Negative Indeterminate borderline (T-spot only)
 - Chest X-ray (required if IGRA is positive):
 - Date of chest X-ray: ____/____/____ Result: normal abnormal (acute pulmonary TB)

***TST 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 and other immunocompromised persons
- ≥ 10mm is positive:
 - recent arrival to the U.S. (<5 years) from high prevalence areas
 - injection drug users
 - Mycobacteriology lab personnel
 - residents, employees, or volunteers in high-risk congregate settings
 - persons with medical conditions that increase the risk of progression to TB disease, including immunosuppressive disorders, silicosis, diabetes mellitus, chronic renal failure, and certain types of cancer (e.g., leukemias and lymphomas, cancers of head/neck/lung), gastrectomy or jejunoileal bypass, weight loss > 10% below ideal body weight.
- ≥ 15 mm is positive:
 - persons with no known risk factors for TB

REQUIRED SIGNATURE OF HEALTHCARE CLINICIAN*		
Name: _____	Address: _____	Phone: _____
Signature: _____	Date: _____	

* Healthcare Clinician can be a U.S. licensed physician, nurse practitioner, physician assistant or registered nurse.