

School of Public Health and Tropical Medicine

Proof of Immunization Compliance

STUDENT MUST COMPLETE

Name: _____
Please Print (Last) (First) (MI)

SS Number/Student ID: |__|_|_|_| - |__|_|_|_| - |__|_|_|_| Date of Birth: Month ___ Date ___ Year ___

email: _____ Country of birth: _____ Country of residence: _____

I am anticipating to start school (circle one and provide year): **SPRING** **SUMMER** **FALL** Year _____

REQUIRED

*** HEALTH CARE PROVIDER VERIFICATION * Official copies of immunization records are accepted ***

I. Please give your patient any missing immunizations following requirements listed on the other side.

	Measles, Mumps, Rubella MMR	Tetanus-Diphtheria-Pertusis Td or Tdap	Meningococcal (Required for on-campus residents)
	M Day Yr	M Day Yr	M Day Yr
#1:			
and			
#2:			
		Td or Tdap	Menactra or Menomune
			Living on campus? Yes <input type="checkbox"/> No <input type="checkbox"/>

RECOMMENDED

II. TUBERCULOSIS SKIN TESTING: Recommended for students coming from areas of high tuberculosis transmission (such as Central and South America, Asia and Pacific Islands, Sub-Saharan Africa, Peoples Republic of China, Korea, Philippines, Vietnam, India, Haiti and Mexico) **(MANTOUX) within 12 months prior to registration at Tulane.** (TINE test is not acceptable.)

Mantoux skin test for tuberculosis: Date Given: ___/___/___ Date Read: ___/___/___
M / D / Y M / D / Y

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 _____

Chest x-ray (required if tuberculin skin test is positive*) result: normal _____ abnormal _____
 Date of chest x-ray: ___/___/___
M / D / Y

***If PPD was positive, results of chest X-ray and a description of prophylactic treatment by physician should be submitted on letterhead with this document.**

III. HEPATITIS B VACCINE SERIES: Recommended for all adolescents prior to college entry, it is a series of three doses (0, 1, and 6 months.)

#1. ___/___/___ #2. ___/___/___ #3. ___/___/___
M / D / Y M / D / Y M / D / Y

IV. OTHER VACCINES: ie, HEP A, VARICELLA

(Signature of physician or other health care provider)

Clinic stamp here:

(PRINT name of physician or other health care provider)

REQUEST FOR EXEMPTION FROM IMMUNIZATION:

If you request exemption for medical or personal reasons, please check the appropriate box and provide the information requested.

Medical reasons Personal reasons

State Reasons: _____

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or I submit proof of immunization. If I am not 18 years of age, my legal guardian must sign below.

(Student's Signature) (Date) (Parent or Guardian, if required) (Date)

TO THE PHYSICIAN OR OTHER MEDICAL PROVIDER

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and, in meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics; the Advisory Committee on Immunization Practices to the United States Public Health Service; and the American College Health Association.

Measles, Mumps, Rubella requirement: *Two (2) doses of live vaccine. The vaccine must have been given, on, or after the first birthday. A second dose measles vaccine must meet the same requirement, but should not have been given within 30 days of the first dose.*

Tetanus-Diphtheria-Pertusis requirement: A booster dose of vaccine given within the past ten (10) years. Since 2006, 1 booster dose including pertusis is recommended. Student can be considered to have completed a primary series earlier in life, unless they state otherwise.

Tuberculosis (Mantoux) Skin Test: It is recommended that students coming from areas of high tuberculosis transmission (such as Central and South America, Asia and Pacific Islands, Sub-Saharan Africa, Peoples Republic of China, Korea, Philippines, Vietnam, India, Haiti and Mexico) have a tuberculosis **(Mantoux)** skin test *within the 12 months prior to registration at Tulane.* (*Tine test is not acceptable.*) The test is read in *millimeters of induration, perpendicular to the long axis of the forearm.* If the TB test was positive, results of Chest X-ray and a description of the treatment should be submitted on physician's letterhead along with this document.

Hepatitis B Vaccine: (not required by law for college entrance) series of (3) doses, given at 0, 1 month and 6 months, prior to college entry. Partial vaccination should be noted on the Tulane Proof of Immunization Form.

Meningococcal Meningitis Vaccine: (*Required by Tulane for on-campus residents*). ACIP now recommends that medical professionals as well as college and universities educate parents and students, particularly freshman living in dorms, about the disease, the potential benefits of vaccination and provide access to the vaccine for those who wish to reduce their risk of disease. Tulane requires meningococcal vaccination for all incoming students living in residence halls and fraternities or sororities.