

SALISBURY UNIVERSITY STUDENT HEALTH SERVICES PRE-ENTRANCE IMMUNIZATION RECORD FORM

This form, completed and SIGNED by a health care provider, OR an official copy of your immunizations must be uploaded into the secure Student Health web portal: myhealth.salisbury.edu

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801 • Fax: 410-548-4101 • Email: studenthealth@salisbury.edu

STUDENT NAME: _____ Date of Birth (mm/dd/yy): _____ SU ID #: _____

REQUIRED FOR ALL STUDENTS:			
VACCINE	DOSE 1	DOSE 2	Alternative to MMR vaccine:
Measles-Mumps-Rubella 2 doses given on or after 1st birthday	_/_/___	_/_/___	Measles (rubeola) IgG titer <input type="checkbox"/> Positive Mumps IgG titer <input type="checkbox"/> Positive Rubella IgG titer <input type="checkbox"/> Positive Attach copy of titer results
Tetanus-Diphtheria-Pertussis (Tdap) Single dose of Adult Tdap (Adacel [®] or Boostrix [®]) given at ≥ 11 yrs. of age.	_/_/___		

TUBERCULOSIS SCREENING:

U.S. CITIZENS/PERMANENT RESIDENTS: You must complete the online TB risk screening form found on the secure student web portal (<http://myhealth.salisbury.edu>). If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. The TB test form can be downloaded from the web portal and sent in with this form.

ALL INTERNATIONAL STUDENTS ON VISAS: A TB blood test is required, regardless of prior BCG vaccine. If you have had a TB blood test or chest x-ray performed in the U.S. within 6 months of arrival to Salisbury University, send this documentation, including official chest x-ray report. If you have ever been treated for a positive TB test or active tuberculosis, include documentation of medication and duration of treatment; and if you have not had a TB test, please have a Quantiferon Gold Test or a T Spot Blood test done and submit documentation via email or upload in Student Health portal. Student Health Services does offer this test in our office.

REQUIRED FOR STUDENTS LIVING IN CAMPUS HOUSING (recommended for any student ≤ 23 yrs. of age):

VACCINE	DOSE 1	DOSE 2	ALTERNATIVE
Meningococcal (Meningitis) ACWY (Menactra [®] , Menveo [®] , or MenQuadfi [®]) Given ≥ 16 years of age	_/_/___	_/_/___	<input type="checkbox"/> Signed Meningitis Immunization Waiver Form – upload in Student Health portal or email to studenthealth@salisbury.edu .

RECOMMENDED FOR STUDENTS ≤ 23 YRS. OF AGE: meningococcal vaccine for serogroup B

VACCINE	DOSE 1	DOSE 2
MenB-4C (Bexsero [®]) or	_/_/___	_/_/___
MenB-FHbp (Trumenba [®])	_/_/___	_/_/___

REQUIRED FOR NURSING AND ALLIED HEALTH STUDENTS (recommended for all students):

VACCINE	DOSE 1	DOSE 2	DOSE 3	ALTERNATIVE
Varicella	_/_/___	_/_/___		Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Hepatitis B	_/_/___	_/_/___	_/_/___	Hep B S Ab titer: <input type="checkbox"/> Positive (Attach copy of titer results)

RECOMMENDED STUDENTS ≤ 26 YRS. OF AGE:

Human Papilloma Virus (HPV)	_/_/___	_/_/___	_/_/___
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EXEMPTION FROM REQUIRED IMMUNIZATIONS:

MEDICAL: Only bona fide medical exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak. Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent.

RELIGIOUS: Student must complete a Vaccine Exemption Form. Form available by calling Student Health Services.

HEALTH CARE PROVIDER (PRINT NAME): _____ DATE: _____

HEALTH CARE PROVIDER SIGNATURE: _____ PHONE: _____

HEALTH CARE PROVIDER ADDRESS: _____



FORM MUST BE SIGNED AND STAMPED BY HEALTH CARE OFFICE OR IT WILL NOT BE ACCEPTED.