

Signature: __

Student Health Services 1525 Clifton Road NE, Atlanta, Georgia 30322 Phone # 404-727-7552 Fax # 404-727-5349

Date: ____/____

\vee	UNIVERSITY	Campus Life	Pnone # 404-727-	-/552 Fax#4	104-727-5349
tudent	Name:		Emory Studer	nt ID#:	
ate of	Birth (mm/dd/yyyy):	/	Date form co	mpleted:/	
hool	(Emory College, Medicine	, Law, etc.):			
	STUDEN	NT IMMUNIZATION	RECORD - PAPER	VERSION	
muniza close a of Em u and y n be co	ation requirements and com a copy of your official, sign cory's immunization require your healthcare provider. In pupleted at the EUSHS Imr	aplete the information below. Be sure to ned immunization records. If for any rements (including medical contraindication records also note that if a multi-dose vaccion records are records.)	alth Association immunization guidelines have the form verified by the signature asson you or your healthcare provider feetons to specific vaccinations), please attact anation series has been started prior to arriabout Emory's required immunizations, ve.html.	e of your healthca ls that you cannot n a letter of explan- ival at Emory, but	are provider or comply with some of ation signed by both not yet completed, it
All	<u>l</u> Emory students <u>m</u>	<u>ust</u> have the following require	ed immunizations (or complete	them after arriv	al at Emory):
bee. lab	n vaccinated against the thi oratory evidence of immuni asles, Mumps, Rubella (M Dose 1: At 12 month of	ree diseases (either as the combined vaccity to all 3 diseases: EITHER IMR) age or older (provide month, day, year) age or older (provide month, day, year)	s born on or after January 1, 1957 must in the MMR or individual vaccinations aga and	inst the 3 diseases	ent, either by having) or showing
Me	Dose 1: At 12 months of Dose 2: At 4-6 years of a	les or Ten-Day Measles) – Two doses of age or older (provide month, day, year) age or older (provide month, day, year), of include copy of lab result)	f vaccine or a positive antibody titer and	Date: / Date: / Date: /	!
Mu 	Dose 1: At 12 months of Dose 2: At 4-6 years of a	ne or a positive antibody titer f age or older (provide month, day, year) age or older (provide month, day, year), of include copy of lab result)		Date:	// // //_
Rul	Dose 1: At 12 months of Dose 2: At 4-6 years of a	Three-Day Measles) – Two doses of variage or older (provide month, day, year) age or older (provide month, day, year), of include copy of lab result)	and	Date: ; Date: ;	!! !!
	p). These are usually given we Primary series of 3 doses	with Pertussis vaccine (DPT) in infancy. In of Diphtheria and Tetanus immunization	ats must have the basic primary series of 3 d addition, all students must have a Td or Tda as (provide completion date of series), a th and Nursing) or Td booster within pas	ap booster within th	e past 10 yrs.
	ose at 4-6 months or later). Dose 1 Date: /	A post-vaccine <u>quantitative</u> antibody tite / Dose 2 Date: /	Hepatitis B vaccinations (an initial dose, er is required before arrival for students / Dose 3 Date: attach copy): Titer	in healthcare field.	s (must attach copy)
	ericella (Chicken Pox es of vaccine given at least History of Varicella (chic Varicella Antibody Titer Varicella Vaccination Do	Requirement: All students must had month apart. Allied Health, Medical a	nave a history of Varicella (chicken pox), und Nursing students <u>must</u> have either 2 v No Negative	a positive Varicell accines or a Varic Date: Date:	a antibody titer or 2
end	lemic Tuberculosis must me er to and complete the "Tub	et Emory's Tuberculosis Screening Requ berculosis Screening Requirement" secti Vaccinations recomm	Medical and Nursing students and Internative wirement. This requirement is in keeping vion on the next page if you are a member thended but not required: mations on the list below due to increased	with current CDC g of one of these gr	guidelines. Plea oups.
			certified primary series of polio immuniz		
Mo Geo web	eningococcal (Meningorgia must complete a form	gitis) Vaccination: Effective Janua either verifying meningitis vaccination o uhs/. To insure immunity, CDC recomm	Inactivated E-IPV Comp ary 2004, all new college students living it or specifically declining vaccination. For mends a booster dose prior to entering	n on campus housi more information,	ng in the State of visit the EUSHS
	Meningococcal Vaccine her Vaccinations, su		al, HPV (include month, day, year):		// /
	Verification	on of the above Student Imm	unization Record by healthca	re provider:	
rified	l by:	•		()_	
	Name/Title of Hea	lthcare Provider Address		Phone	

Student Name:		Emory Student II	O#:
Date of Birth (n	mm/dd/yyyy):/		
	TUBERCULOSIS SCR	EENING REQUIREMENT	
Medical and Nursi Tuberculosis is end	requires Tuberculosis (TB) screening (PPD skin testing Students and all International Students who have demic. Allied Health, Medical and Nursing Students will lelines are based upon the recommendations of the CDC,	ng and/or chest x-ray) within 6 months of marrived in the United States within the past ll also need a second PPD (the "two step" PPD	5 years from countries in which process) at least 2 weeks after the
globally, it is easier Lucia, Virgin Island San Marcos, Swede	TB endemic country, your TB screening must be perform to list countries of low TB prevalence rather than high. (ds (USA), Belgium, Denmark, Finland, France, Germany en, Switzerland, United Kingdom, United States, America of the blood tests instead of the PPD.	Countries with low TB prevalence include Canaly, Iceland, Italy, Liechtenstein, Luxembourg, M	ada, Jamaica, St. Kitts and Nevis, St. alta, Monaco, Netherlands, Norway,
•	e information below if you are a member of one the following international Student from a country not on the		
_			
	Skin Test (PPD/Mantoux only) (Tine NOT acceptable) _mm (Record actual mm of induration, transverse diam-		Date Read. M D Y
	(based on mm of induration as well as risk factors): Po		
PPD#2 (for N	Nursing students, complete before arrival; For Medica	al and Allied Health students, will be done he	re during your first month at
	ate Placed:/ Date Read:/		
	_mm (Record actual mm of induration, transverse diame (based on mm of induration as well as risk factors): Po		
2. Chest X-ray	(Required if PPD skin test is <u>positive</u> . Please attach a co	py of the CXR report): Normal Abnormal	Date Read://
3. Blood tests: (QuantiFERON Gold TB or T-Spot (circle test used):	Positive Negative (must a	tach a copy of the result)
4. Treatment:	Have you been treated with anti-tubercular drugs?	Yes No	
	If yes, type of treatment:	Length of treatment:	
	Verification of the above Tubercui	losis Screening by healthcare provider:	
Verified by:	Name/Title of Healthcare Provider	Address	()
Signature:		Address	Phone
Signature.			
	er version of a form that is now comple		
	shspnc.emory.edu/login_directory.aspx at all questions are answered, all signat		, <u>-</u>
	ovider) and that you have met all appli	• ` `	•
You may scan			-
I ou may scan	/email, mail or fax vour signed/verified	immunization record to:	•
Tou may scan	/email, mail or fax your signed/verified		•
Tou may scan	Emory University	Student Health Services	•
Tou may scan	Emory University ATTN: Im		•
Tou may scan	Emory University ATTN: Im 1525 Clifton Road	Student Health Services munization Nurse	•
If you wish to	Emory University ATTN: ImpleMarket Sean and email your immunization record	Student Health Services munization Nurse I NE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that ye	ou send this email from
If you wish to your emory.e	Emory University ATTN: Im 1525 Clifton Road FAX#	Student Health Services munization Nurse I NE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory e	ou send this email from email address (e.g. gmail,
If you wish to your emory.e yahoo, etc.), y their security.	Emory University ATTN: ImpleMarker Scan and email your immunization recorded to email address (e.g. lord.dooley@emorour email and immunization documents when the prefer scanned .pdf documents, because the scanned .pdf documents.	Student Health Services munization Nurse I NE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory exill be outside the Emory firewall hause these can be uploaded directly	ou send this email from email address (e.g. gmail, and we cannot guarantee into your Student Health
If you wish to your emory.e yahoo, etc.), y their security. Services perso	Emory University ATTN: Implication Road FAX # scan and email your immunization record du email address (e.g. lord.dooley@emorour email and immunization documents was prefer scanned .pdf documents, because lelectronic medical record. Other documents was provided to the control of the control	Student Health Services munization Nurse INE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory exill be outside the Emory firewall ause these can be uploaded directly tument formats must be re-printed/	ou send this email from email address (e.g. gmail, and we cannot guarantee into your Student Health
If you wish to your emory.e yahoo, etc.), y their security. Services perso	Emory University ATTN: ImpleMarker Scan and email your immunization recorded to email address (e.g. lord.dooley@emorour email and immunization documents when the prefer scanned .pdf documents, because the scanned .pdf documents.	Student Health Services munization Nurse INE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory exill be outside the Emory firewall ause these can be uploaded directly nument formats must be re-printed/at!	ou send this email from email address (e.g. gmail, and we cannot guarantee o into your Student Health re-scanned and can be very
If you wish to your emory.e yahoo, etc.), y their security. Services perso difficult to rea	Emory University ATTN: Imm 1525 Clifton Road FAX # scan and email your immunization record du email address (e.g. lord.dooley@emotour email and immunization documents where the prefer scanned .pdf documents, because a lectronic medical record. Other documents in the prefer scanned immunization documents. Thank you send your scanned immunization documents.	Student Health Services munization Nurse INE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory exill be outside the Emory firewall hause these can be uploaded directly nument formats must be re-printed/1! ments to: Immunizations-SHS@	ou send this email from email address (e.g. gmail, and we cannot guarantee into your Student Health re-scanned and can be very emory.edu
If you wish to your emory.e yahoo, etc.), y their security. Services perso difficult to rea	Emory University ATTN: Implication Road FAX # scan and email your immunization record du email address (e.g. lord.dooley@emorour email and immunization documents were prefer scanned .pdf documents, because lelectronic medical record. Other documents, including .jpeg documents. Thank you	Student Health Services munization Nurse INE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory exill be outside the Emory firewall hause these can be uploaded directly nument formats must be re-printed/1! ments to: Immunizations-SHS@	ou send this email from email address (e.g. gmail, and we cannot guarantee into your Student Health re-scanned and can be very emory.edu
If you wish to your emory.e yahoo, etc.), y their security. Services perso difficult to rea	Emory University ATTN: Imm 1525 Clifton Road FAX # scan and email your immunization record du email address (e.g. lord.dooley@emotour email and immunization documents where the prefer scanned .pdf documents, because a lectronic medical record. Other documents in the prefer scanned immunization documents. Thank you send your scanned immunization documents.	Student Health Services munization Nurse I NE, Atlanta, GA 30322 404-727-5349 ds to us, it is very important that yeary.edu). If you use a non-Emory ewill be outside the Emory firewall ause these can be uploaded directly nument formats must be re-printed at the important that years are the second of the control of the important that years are the second of the control of the important that years are the important that years are the control of the important that years are	ou send this email from email address (e.g. gmail, and we cannot guarantee into your Student Health re-scanned and can be very emory.edu