**STUDENT IMMUNIZATION RECORD – NON-HEALTH SCIENCES (PAPER VERSION)**

*(If you are a Medical, Allied Health or Nursing student, do not use this form)*

All incoming Emory students must meet the CDC and American College Health Association immunization guidelines. **BE SURE YOUR HEALTHCARE PROVIDER SIGNS BOTH PAGES OF THIS FORM.** If relevant, you may also provide copies of other official, signed immunization records. If you believe that you cannot comply with all of Emory's immunization requirements, please submit a letter of explanation signed by both you and your healthcare provider. **ALL VACCINATIONS AND ANY NEEDED LAB WORK MUST BE COMPLETED PRIOR TO MATRICULATION.** However, if necessary, multi-dose series started prior to arrival at Emory can be completed at EUSHS. For more information about Emory's required immunizations, including indications and contraindications, please visit our web site at **[www.studenthealth.emory.edu/hs/new.students/imunization](http://www.studenthealth.emory.edu/hs/new.students/imunization)**

All Emory students **must have the following required immunizations** *(or complete them after arrival at Emory):*

1. **Measles, Mumps and Rubella Requirement:** *All students born on or after January 1, 1957 must meet this requirement, either by having been vaccinated against the three diseases (either as the combined vaccine MMR or individual vaccinations against the 3 diseases) or showing laboratory evidence of immunity to all 3 diseases:*

   - **Either**
     - Measles, Mumps, Rubella (MMR)
       - Dose 1: At 12 month of age or older (provide month, day, year) and
       - Dose 2: At 4-6 years of age or older (provide month, day, year)
       - Date: ____ / ____ / ______
       - Date: ____ / ____ / ______
   - **Or all three of the following**
     - Measles (Rubeola, Red Measles or Ten-Day Measles) – Two doses of vaccine or a positive antibody titer
       - Dose 1: At 12 months of age or older (provide month, day, year) and
       - Dose 2: At 4-6 years of age or older (provide month, day, year), or
       - Positive Antibody Titer (include copy of lab result)
       - Date: ____ / ____ / ______
   - Mumps – Two doses of vaccine or a positive antibody titer
     - Dose 1: At 12 months of age or older (provide month, day, year) and
     - Dose 2: At 4-6 years of age or older (provide month, day, year), or
     - Positive Antibody Titer (include copy of lab result)
     - Date: ____ / ____ / ______
   - Rubella (German Measles or Three-Day Measles) – Two doses of vaccine or a positive antibody titer
     - Dose 1: At 12 months of age or older (provide month, day, year) and
     - Dose 2: At 4-6 years of age or older (provide month, day, year), or
     - Positive Antibody Titer (include copy of lab result)
     - Date: ____ / ____ / ______

2. **Tetanus-Diphtheria Requirement:** *All students must have the basic primary series of 3 doses of Diphtheria-Tetanus Toxoid (Td or Tdap). These are usually given with Pertussis vaccine (DPT) in infancy. In addition, all students must have a Td or Tdap booster within the past 10 yrs.*

   - Tdap booster within the past 10 years (preferred)
   - Td booster within past 10 years
   - Date: ____ / ____ / ______

3. **Hepatitis B Requirement:** *All students must have a series of 3 Hepatitis B vaccinations (an initial dose, followed by a dose at 1-2 months and a dose at 4-6 months or later).*

   - Dose 1 Date: ____ / ____ / ______
   - Dose 2 Date: ____ / ____ / ______
   - Dose 3 Date: ____ / ____ / ______

4. **Varicella (Chicken Pox) Requirement:** *All students must have a history of Varicella (chicken pox), a positive Varicella antibody titer or 2 doses of vaccine given at least 1 month apart.*

   - History of Varicella (chicken pox): Yes ___ No ___
   - Varicella Antibody Titer (include copy of lab result):
     - Positive ___ Negative ___
   - Date (month and year only): ____ / ____ / ______
   - Varicella Vaccination Dose 1 (provide month, day, year)
   - Varicella Vaccination Dose 2 (at least one month after Dose 1, provide month, day, year)
   - Date: ____ / ____ / ______

5. **Tuberculosis Screening Requirement:** *All International Students from certain countries with endemic Tuberculosis must meet Emory's Tuberculosis Screening Requirement, in keeping with current CDC guidelines. Please refer to and complete the "Tuberculosis Screening Requirement" section on the next page if you are from one of these countries and have been in the United States less than 5 years.*

6. **Polio Immunization:** *It is recommended that all students have a certified primary series of polio immunization (oral or inactivated).*

   - Completed primary series of polio immunization. Type: Oral ___ Inactivated ___ Completion Date: ____ / ____ / ______

7. **Meningococcal (Meningitis ACWY) Vaccination:** *All new college students living in on campus housing in the State of Georgia must complete a form either verifying meningitis vaccination or specifically declining vaccination. For more information, visit the EUSHS web site at [www.studenthealth.emory.edu/hs/new_students/index.html#step three](http://www.studenthealth.emory.edu/hs/new_students/index.html#step three). To ensure immunity, CDC recommends a booster dose prior to entering college if it has been longer than 5 years since last meningitis vaccine.*

   - Meningococcal (ACWY) Vaccine (provide month, day, year)
   - Date: ____ / ____ / ______

8. **Other Vaccinations, such as Hepatitis A, Pneumococcal, HPV (include month, day, year):**

   - ________________________________

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**Verification of the above Student Immunization Record by Healthcare Provider:**

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<thead>
<tr>
<th>Verifed by:</th>
<th>(____)</th>
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<tbody>
<tr>
<td>Name/Title of Healthcare Provider</td>
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TUBERCULOSIS SCREENING REQUIREMENT (INTERNATIONAL NON-HEALTH SCIENCE STUDENTS)

Emory University requires Tuberculosis (TB) screening (PPD skin testing, blood test, or chest x-ray) within 6 months of matriculation of all International Students who have arrived in the United States within the past 5 years from countries in which tuberculosis is endemic. Emory's guidelines are based upon the recommendations of the CDC and the American College Health Association.

For international students from countries with a high prevalence of TB, an IGRA blood test is preferred. Because TB is so common globally, it is easier to list countries of low TB prevalence rather than high. Countries with low TB prevalence include:

Albania, Amer. Samoa, Andorra, Antigua & Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Bonaire/St. Eustatius/Saba, British Virgin Isl., Canada, Cayman Isl., Chile, Cook Isl., Costa Rica, Croatia, Cuba, Curacao, Cyprus, Czechia, Denmark, Egypt, Estonia, Finland, France, French Polynesia, Germany, Greece, Hungary, Iceland, Iran (Islamic Republic of), Ireland, Italy, Japan, Jordan, Lebanon, Luxembourg, Malta, Monaco, Monserrat, Netherlands, New Zealand, Niue, Norway, Oman, Poland, Puerto Rico, St. Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines, Samoa, San Marino, Saudi Arabia, Seychelles, Sint Maarten (Dutch), Slovakia, Slovenia, Spain, Sweden, Switzerland, Syrian Arab Republic, The Former Yugoslav Republic of Macedonia, Tokelau, Tonga, Trinidad and Tobago, Turkey, Turks & Caicos Isl., United Arab Emirates, United Kingdom, United States, US Virgin Isl., Wallis & Futuna Isl., West Bank & Gaza Strip

Please complete the information below if you are an International Student from a country NOT on the list above:

Name of Country __________________________________________

1. Tuberculin Skin Test (PPD/Mantoux skin test only - Tine NOT acceptable): Date Placed: ___/___/___ Date Read: ___/___/___
   Result: ___ mm (Record actual mm of induration, transverse diameter. If no induration, record as "0 mm.")
   Interpretation (based on mm of induration as well as risk factors): Positive ______ Negative ______

2. If PPD skin test is positive, one of the following must be provided:
   Chest x-ray (attach a copy of the CXR report): Normal _____ Abnormal _____ Date of Exam: ___/___/___
   OR
   IGRA blood test (attach a copy of the lab report for one of the following tests):
   - Quantiferon Gold: Positive _____ Negative _____ Date Drawn: ___/___/___
   - T-spot: Positive _____ Negative _____ Date Drawn: ___/___/___
   If IGRA test positive, need Chest x-ray (attach a copy of the CXR report): Normal ___ Abnormal ___ Date of Exam: ___/___/___

3. Treatment: Have you been treated with anti-tubercular drugs? Yes _____ No _____
   If yes, type of treatment: ____________________________ Length of treatment: __________________________

Verification of the above Tuberculosis Screening by healthcare provider:

Name/Title of Healthcare Provider __________________________________________
Address __________________________
Signature __________________________ Date/____/____ Phone (____) _________

This paper form serves to provide verification of your immunization information. Before sending it to Emory Student Health, please enter the information on this form electronically into Your Patient Portal at https://www.shspnc.emory.edu. Once the dates are entered, please submit a copy of this form. Please be certain that all sections and signatures have been completed (including the signature of your healthcare provider) and that you have met all applicable Emory University immunization requirements.

To submit the completed and verified immunization document, the preferred method is to upload a PDF version of the form through Your Patient Portal at https://www.shspnc.emory.edu.

If you are unable to upload your supporting documents, then choose one of the following:

- Scan and email to immunizations-shs@emory.edu. We advise you to use your emory.edu email address (e.g. lord.dooley@emory.edu).
- Fax to: 404-727-5349
- Mail to: Emory University Student Health Services
  ATTN: Immunization Department
  1525 Clifton Road NE, Atlanta, GA 30322

Revised June 23, 2017