



Immunization Form

For Health Sciences Programs (School of Medicine, Allied Health, and School of Nursing)

Last Name:	First Name :	MI:
Emory Student ID #	Date of Birth: ___/___/___	
Please select your degree program (<i>Circle One</i>) AA DPT Genetic Couns Med Imaging MD Nursing PA		

REQUIRED VACCINATIONS

Vaccine Record: Complete Dates MM/DD/YYYY of vaccine doses given

COVID - 19			Booster	
Pfizer	1	2		
Moderna	1	2		
J&J				
Other*				<i>*must be WHO aproved</i>
MMR (Measles, Mumps, Rubella): 2 doses of MMR or lab reports with titers to prove immunity for each				
MMR	1	2	1st dose after 12 months	<input type="checkbox"/> Attach Lab report
Measles (Rubeola)	1	2	1st dose after 12 months	<input type="checkbox"/> Attach lab report
Rubella	1		1st dose after 12 months	<input type="checkbox"/> Attach lab report
Mumps	1	2	1st dose after 12 months	<input type="checkbox"/> Attach lab report
Hepatitis B: either 3 dose series or 2 dose series followed by a positive QUANTITATIVE Hepatitis B Surface Antibody (titer) lab report				
Engerix-B	1	2	3	<input type="checkbox"/> Attach lab report
Heplisav-B	1	2		<input type="checkbox"/> Attach lab report
Secondary Hepatitis B series				
	1	2	3	<input type="checkbox"/> Attach lab report
Varicella	1	2		
	History of disease not accepted		1st dose after 12 months	<input type="checkbox"/> Attach lab report
Tetanus-Diphtheria Pertussis (TD or TDAP) required within the last ten years - one TDAP required after age 11				
TDAP		TD		
Seasonal Influenza (required for spring semester)				
	1			
Meningococcal Vaccine ACWY: one dose after 16 years of age (if living on campus)				
	1	2		

Vaccinations Recommended but not Required

Polio	Completed primary series	Oral ___	Inactivated ___	Date of completion ___/___/___
HPV	1	2	3	
Hepatitis A	1	2		
Meningococcal B	1	2		

Other Vaccines not listed (BCG, Yellow Fever, Typhoid, Pneumococcal, Japanese Encephalitis, Rabies, etc.):

If compliance is achieved with titers, attach lab reports to this form.

Last Name: _____ First Name: _____ Student ID # _____

Required Tuberculosis Screening For ALL Allied Health School Students

SON, DPT, MI and GNTC: both PPDs or IGRA must be completed within 6 months prior to matriculation.

SOM, ANES and PA: IGRA (TB blood test) must be administered within 6 months prior to matriculation.

Must complete Sections A, B, or C

Section A				
History of BCG vaccination? IGRA required. Or are you from any country listed on page 3? IGRA required.		Date of IGRA	<input type="checkbox"/> Attach copy	
		____/____/____		
Section B				
If submitting PPDs		Date Placed	Date Read	Reading
PPD must be within 6 months	PPD #1	____/____/____	____/____/____	_____ mm
	PPD #2	____/____/____	____/____/____	_____ mm
Section C				
If submitting IGRA				
IGRA - within 6 months prior to matriculation:			DATE	
TB Blood Test	<input type="checkbox"/> T-Spot	<input type="checkbox"/> QuantiFERON Gold	____/____/____	<input type="checkbox"/> Attach copy
Section D				
Positive Skin Test? Or Positive IGRA? Or History of Latent TB?				
Positive PPD	Date Placed	Date Read	Reading	<input type="checkbox"/> Attach report
	____/____/____	____/____/____	_____ mm	
Positive IGRA blood Test	Date	<input type="checkbox"/> T-Spot <input type="checkbox"/> QuantiFERON Gold	<input type="checkbox"/> Attach lab report	
	____/____/____			
Prophylactic medications taken for latent TB	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attach documentation	
Chest x-ray only if TB testing positive	Chest X-Ray <input type="checkbox"/>	Date ____/____/____	<input type="checkbox"/> Attach report	

For verification of your immunization information, two steps are required:

Step 1: Enter the information on this form electronically into the Patient Portal (www.shspnc.emory.edu)

Step 2: Upload a completed PDF of this form to the Patient Portal. Ensure that the form is signed, all sections are completed, and that you have met all applicable Emory University immunization requirements. (**Preferred Method**)

OR: Scan and email completed form to immunizations-shs@emory.edu. (We advise using your @emory.edu email address.)

OR: Fax completed form to 404-727-7343

OR: Mail to Emory University Student Health Services, ATTN: Immunization Dept., 1525 Clifton Rd NE, Atlanta, GA 30322

First and Last Name must be on each page

Signature of Student _____ Date ____/____/____

FORM MUST BE COMPLETED, SIGNED AND STAMPED BY YOUR HEALTHCARE PROVIDER

Authorized Signature _____ Date ____/____/____

Printed Name and Title _____

Address Line _____

City/State/ Zip/Phone _____

Immunization Form: Emory School of Medicine, Allied Health Students, and School of Nursing

Last Name: _____ First Name: _____ Student ID # _____

Are you from any of these countries? If so, please complete Section A on page 2.

Countries and Territories with High Incidence of Active Tuberculosis Disease

Afghanistan	Comoros	Indonesia	Namibia	South Africa
Algeria	Congo	Iraq	Nauru	South Sudan
Angola	Cote d'Ivoire	Kazakhstan	Nepal	Sri Lanka
Anguilla	Democratic People's Republic of Korea	Kenya	Nicaragua	Sudan
Argentina		Kiribati	Niger	Suriname
Armenia	Democratic People's Republic of the Congo	Kuwait	Nigeria	Eswatini
Azerbaijan		Kyrgyzstan	Northern Mariana Islands	Syrian Arab Republic
Bangladesh	Djibouti	Lao (People's Democratic Republic)	Pakistan	Tajikistan
Belarus	Dominican Republic	Latvia	Palau	Tanzania (United Republic of)
Belize	Ecuador	Lesotho	Panama	Thailand
Benin	El Salvador	Liberia	Papua New Guinea	Timor-Leste
Bhutan	Equatorial Guinea	Libya	Paraguay	Togo
Bolivia (Plurinational State of)	Eritrea	Lithuania	Peru	Tunisia
Bosnia and Herzegovina	Ethiopia	Madagascar	Philippines	Turkmenistan
Botswana	Fiji	Malawi	Portugal	Tuvalu
Brazil	Gabon	Malaysia	Qatar	Uganda
Brunei Darussalam	Gambia	Maldives	Republic of Korea	Ukraine
Bulgaria	Georgia	Mali	Republic of Moldova	Uruguay
Burkina Faso	Ghana	Marshall Islands	Romania	Uzbekistan
Burundi	Greenland	Mauritania	Russian Federation	Vanuatu
Cabo Verde	Guam	Mauritius	Rwanda	Venezuela (Bolivarian Republic of)
Cambodia	Guatemala	Mexico	Sao Tome and Principe	
Cameroon	Guinea	Micronesia (Federated States of)	Senegal	Viet Nam
Central African Republic	Guinea -Bissau	Mongolia	Serbia	Yemen
Chad	Guyana	Montenegro	Sierra Leone	Zambia
China	Haiti	Morocco	Singapore	Zimbabwe
China, Hong Kong SAR	Honduras	Mozambique	Solomon Islands	
China, Macao SAR	India	Myanmar	Somalia	
Columbia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rate of > 20 cases per 100,000 population.

Signature of Student _____

Date ___/___/___

For verification of your immunization information and to upload this form, TWO STEPS are required:

Step 1: Enter the information on this form electronically into the Patient Portal (www.shspnc.emory.edu)

Step 2: Upload a completed PDF of this form to the Patient Portal. Ensure that the form is signed, all sections are completed, and that you have met all applicable Emory University immunization requirements. (**Preferred Method**)

OR: Scan and email completed form to immunizations-shs@emory.edu. (We advise using your @emory.edu email address.)