



Immunization Form

For Non-Health Science Programs (Business, Graduate, Law, Public Health, Theology & Undergraduate)

| | | |
|--------------------|----------------------------|-----|
| Last Name: | First Name : | MI: |
| Emory Student ID # | Date of Birth: ___/___/___ | |

REQUIRED VACCINATIONS

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

| COVID- 19 | | COVID- 19 Booster | |
|---|--|-------------------|---|
| Pfizer | 1 | 2 | |
| Moderna | 1 | 2 | |
| J&J | | | |
| Other* | | | *must be WHO aproved |
| MMR (Measles, Mumps, Rubella): 2 doses of MMR vaccine or 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella; or provide lab tests indicating immunity to Measles, Mumps and/or Rubella | | | |
| MMR | 1 | 2 | 1st dose after 12 months <input type="checkbox"/> Attach Lab report |
| Measles (Reubeola) | 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 or QUANTITATIVE Hepatitis B lab report | | | |
| Engerix-B | 1 | 2 | 3 |
| Hepilisav-B | 1 | 2 | |
| <u>OR</u> Quantitative Hepatitis Surface Antibody Lab test (lab report must be attached): <input type="checkbox"/> Attach lab report | | | |
| Varicella: 2 doses of vaccine or lab test indicating immunity. History of disease not accepted. | | | |
| Varicella | 1 | 2 | 1st dose after 12 months |
| <u>OR</u> Varicella IgG positive titer (lab report must be attached): <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 | |
| Meningococcal Vaccine ACWY: one dose after 16 years of age (if living on campus) | | | |
| | 1 | 2 | |
| Vaccinations Recommended but not Required | | | |
| Meningococcal B | 1 | 2 | 3 (if applicable) |
| Polio | Completed primary series Oral ___ or Inactivated ___ Date of last dose ___/___/___ | | |
| HPV | 1 | 2 | 3 |
| Hepatitis A | 1 | 2 | |
| Other Vaccines not listed (BCG, Yellow Fever, Typhoid, Pneumovax, Japanese Encephalitis, Rabies, etc.): | | | |

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

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

Tuberculosis (TB) Screening Requirement

Sections A and B to be completed by student

| Section A: History of TB? | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever had a positive TB screening test? This can include skin test (PPD/TST) or blood test (Quantiferon Gold or T-spot). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Section B: At risk for TB? | | |
| 2. Have you ever had close contact with persons known or suspected to have active TB disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you born in one of the countries or territories listed on page 4 that have a high prevalence of TB disease? If so, list country: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had frequent or prolonged visits* to one or more of the countries or territories listed on page 3 with a high prevalence of TB disease? If so, list countr(ies): _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student signature _____ Date: ___/___/___ | | |

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

If the answer is YES to any of the above questions, Emory University requires that you receive TB testing as soon as possible within the six months prior to the start of your first semester. See next page.

If the answer is NO to all of the above questions, no further testing or further action is required. Go to page 3 for health care provider signature.

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

Tuberculosis (TB) Screening Continued

Section C: To be completed by healthcare provider if YES to any questions in Sections A or B.

| | | | |
|---|---|---|--------------------------|
| Section C: | | | |
| If patient answered "yes," a tuberculin skin test (TST) or blood test is REQUIRED. History of BCG vaccination does not preclude the testing requirement. An IGRA blood test is preferred with a history of BCG. | | | |
| If a TST and/or TB Blood test is positive, a chest x-ray is REQUIRED. | | | |
| Copies of lab reports and radiology reports are required if tests are performed. | | | |
| Tuberculin Skin Test (TST) | Date Placed: ___/___/___ | Date Read: ___/___/___ | |
| | Results: ___ mm of induration | Interpretation: <input type="checkbox"/> Pos <input type="checkbox"/> Neg | |
| Interferon Gamma Release Assay (IGRA): | | | |
| Date Obtained: ___/___/___ | Specify Test: <input type="checkbox"/> T-spot | <input type="checkbox"/> Quantiferon Gold | Attach Copy |
| <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Borderline | <input type="checkbox"/> Abnormal | <input type="checkbox"/> |
| Chest X-ray: required if TST or IGRA is positive | | | Attach Copy |
| Date of Chest X-ray: ___/___/___ | Result <input type="checkbox"/> Normal/Neg | <input type="checkbox"/> Abnormal | <input type="checkbox"/> |
| TB Prophylaxis | | | |
| If diagnosed with latent TB, did the patient complete a course of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, medication(s): _____ When? _____ Number of months: _____ | | | |

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 University Non-Health Sciences

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

Countries and Territories with High Incidence of Active Tuberculosis Disease

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

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