



**EMORY**  
UNIVERSITY

**Student Health Services**  
Campus Life

1525 Clifton Rd NE  
Atlanta, GA 30322  
Phone# 404-727-7551  
Fax # 404-727-7343

## 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: ____/____/____ |                             |  |
| <b>REQUIRED VACCINATIONS</b>   |   |                               |                             |  |
| <b>Record Complete Dates: MM/DD/YYYY of Vaccine doses given</b>  |   |                               |                             |  |
| <b>COVID- 19</b>   |   |                               |                             |  |
| <b>Pfizer</b>  | 1   | 2                             |                             |  |
| <b>Moderna</b>   | 1   | 2                             |                             |  |
| <b>J&amp;J</b>   |   |                               |                             |  |
| <b>MMR (Measles, Mumps, Rubella): 2 doses of MMR vaccine or 2 doses of Measles, 2 doses of Mumps and 2 doses of Rubella; or provide lab tests indicating immunity to Measles, Mumps and/or Rubella</b> |   |                               |                             |  |
| <b>MMR</b>   | 1   | 2                             | 1st dose after 1st birthday | <input type="checkbox"/> Attach Lab report |
| <b>Measles</b>   | 1   | 2                             | 1st dose after 1st birthday | <input type="checkbox"/> Attach lab report |
| <b>Rubella</b>   | 1   |                               | 1st dose after 1st birthday | <input type="checkbox"/> Attach lab report |
| <b>Mumps</b>   | 1   | 2                             | 1st dose after 1st birthday | <input type="checkbox"/> Attach lab report |
| <b>Hepatitis B either 3 dose series or 2 dose series or QUANTITATIVE Hepatitis B lab report</b>  |   |                               |                             |  |
| <b>Engerix-B</b>   | 1   | 2                             | 3                           |  |
| <b>Hepilisav-B</b>   | 1   | 2                             |                             |  |
| OR Quantitative Hepatitis Surface Antibody Lab test (lab report must be attached) : <input type="checkbox"/> Attach lab report   |   |                               |                             |  |
| <b>Varicella: 2 doses of vaccine or lab test indicating immunity. History of disease not accepted</b>  |   |                               |                             |  |
| <b>Varicella</b>   | 1   | 2                             | 1st dose after 12 months    |  |
| Or Varicella IgG positive titer (lab report must be attached): <input type="checkbox"/> Attach lab report  |   |                               |                             |  |
| <b>Tetanus-Diphtheria Pertussis (Whooping Cough) within the last ten years - either TD or TDAP</b>   |   |                               |                             |  |
| <b>TDAP</b>  |   | <b>TD</b>                     |                             |  |
| <b>Meningococcal Vaccine ACWY: one dose after 16 years of age (if living on campus)</b>  |   |                               |                             |  |
|  | 1   | 2                             |                             |  |
| <b>Vaccinations Recommended but not Required</b>   |   |                               |                             |  |
| <b>Meningococcal B</b>   | 1   | 2                             | 3 (if applicable)           |  |
| <b>Polio</b>   | Completed primary series Oral ____ or Inactivated ____ Date of last dose ____/____/____ |                               |                             |  |
| <b>HPV</b>   | 1   | 2                             | 3                           |  |
| <b>Hepatitis A</b>   | 1   | 2                             |                             |  |
| Other Vaccines not listed (BCG , Yellow Fever, Typhoid, Pneumovax, Japanese Encephalitis, Rabies etc.)   |   |                               |                             |  |
|  |   |                               |                             |  |
|  |   |                               |                             |  |

All Labs must have a lab report attached to form

## Immunization Form, Emory University Non- Health Sciences

|            |             |              |
|------------|-------------|--------------|
| 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):<br>_____ | <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.**

## Immunization Form, Emory University Non-Health Sciences

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### TUBERCULOSIS SCREENING CONTINUED

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

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 TST and or TB Blood test is positive, chest x-ray is REQUIRED

Copies of lab reports and radiology reports are required if tests are performed.

**Tuberculin Skin Test (** Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: \_\_\_\_ mm of induration Interpretation:  Pos  Neg

#### Interferon Gamma Release Assay (IGRA):

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specify Test:  T-spot  Quantiferon Gold

Attach Copy

Neg  Pos  Indeterminate  Borderline  Abnormal

Chest x-ray -- required if TST or IGRA is positive

Attach Copy

Date of Chest X-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result:  Normal/Neg  Abnormal

TB Prophylaxis: If diagnosed with latent TB did patient complete a course of medication?

Yes  No

If yes, medication(s): \_\_\_\_\_ When? \_\_\_\_\_ Number of months: \_\_\_\_\_

### FORM MUST BE COMPLETED AND SIGNED BY YOUR HEALTHCARE PROVIDER

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip/Phone: \_\_\_\_\_

#### For verification of your immunization information, Two Steps Are Required:

**Step 1:** Please enter the information on this form electronically into your Patient Portal:

<https://www.shspnc.emory.edu>.

**Step 2:** Please submit a copy of this form. Ensure that all sections and signatures have been completed and that you have met all applicable Emory University immunization requirements.

#### Submitting this Form

Upload a PDF version of the form through your Patient Portal (\*\*Preferred Method\*\*)

OR: Scan and email to [immunizations-shs@emory.edu](mailto:immunizations-shs@emory.edu). using your Emory Email Address

OR Fax: 404-727-7343

OR Mail to: Emory University Student Health Services

ATTN Immunization Department, 1525 Clifton RD NE, Atlanta, GA 30322

## Immunization Form, Emory University Non-Health Sciences

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

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