



# RUST COLLEGE IMMUNIZATION RECORD

## PART I

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date of Entry \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_-\_\_\_/\_\_\_/\_\_\_

Status: 1st Time Freshman \_\_\_ Part-time \_\_\_ Full-time \_\_\_ Graduate \_\_\_ Undergraduate \_\_\_ Professional \_\_\_

## PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

*ACHA Guidelines (All information must be in English).*

### A. M.M.R. (MEASLES, MUMPS, RUBELLA)

**(Two doses REQUIRED for all students at least 28 days apart for students born after 1956 and all health sciences students.)**

1. Dose 1..... #1 \_\_\_/\_\_\_/\_\_\_

2. Dose 2..... #2 \_\_\_/\_\_\_/\_\_\_

Allergies? \_\_\_\_\_ m d y

### Recommended Immunizations

#### B. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
m d y

#### C. HEPATITIS B

**(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)**

1. Immunization (hepatitis B)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_

Adult formulation \_\_\_ Child formulation \_\_\_ Adult formulation \_\_\_ Child formulation \_\_\_ Adult formulation \_\_\_ Child formulation \_\_\_

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_

3. Hepatitis B surface antibody Date \_\_\_/\_\_\_/\_\_\_

Result: Reactive \_\_\_ Non-reactive \_\_\_

#### D. VARICELLA (Chicken Pox)

**(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)**

1. History of Disease Yes \_\_\_ No \_\_\_ or Birth in U.S. before 1980 Yes \_\_\_ No \_\_\_

2. Varicella antibody \_\_\_/\_\_\_/\_\_\_ Result: Reactive \_\_\_ Non-reactive \_\_\_

3. Immunization

a. Dose #1 ..... #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 and at least 4 weeks after first dose if age 13 years or older. #2 \_\_\_/\_\_\_/\_\_\_

#### E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

**(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)**

Immunization (HPV)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_



**F. INFLUENZA**

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. **Annual immunization recommended** to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date \_\_\_/\_\_\_/\_\_\_  
TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_

**G. PNEUMOCOCCAL POLYSACCHARIDE VACCINE**

(One dose for members of high-risk groups.)

Date \_\_\_/\_\_\_/\_\_\_  
          m   d   y

**H. MENINGOCOCCAL TETRAVALENT**

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Tetraivalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date \_\_\_/\_\_\_/\_\_\_

Tetraivalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): Date \_\_\_/\_\_\_/\_\_\_

**I. TUBERCULOSIS SCREENING**

- 1. Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_ No \_\_\_  
If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
- 2. Is the student a member of a high-risk group or is the student entering the health professions?2 Yes \_\_\_ No \_\_\_  
If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.
- 3. Tuberculin Skin Test:  
Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_  
Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")  
Interpretation (based on mm of induration as well as risk factors): positive \_\_\_ negative \_\_\_
- 4. Chest x-ray (required if tuberculin skin test is positive) result: normal \_\_\_ abnormal \_\_\_  
Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_

**Part III  
HEALTH CARE PROVIDER INFORMATION**

Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature \_\_\_\_\_