

PART III: OPTIONAL

RECOMMENDED IMMUNIZATIONS (recommended by the Advisory Committee on Immunization Practices and the American College Health Association. **NOT REQUIRED.**

1. TETANUS, DIPHTHERIA, WITH OR WITHOUT PERTUSSIS

Primary series completed? Yes No Date of last dose in series: ____/____/____
M D Y

Date of most recent booster: ____/____/____ Type of booster: Td Tdap
M D Y

Tdap booster recommended for ages 11 – 64 unless contraindicated.

2. HEPATITIS B (All college and health care professional students. Three doses of vaccine or a positive hepatitis B surface antibody meets the requirement.)

A. Immunization

#1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

OR

B. Hepatitis B surface antibody Reactive (positive) Non-reactive (negative) ____/____/____
M D Y

3. HEPATITIS A

A. Immunization

#1 ____/____/____ #2 ____/____/____
M D Y M D Y

4. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

A. OPV alone (oral Sabin three doses):..... #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

OR

B. IPV alone (injected Salk four doses):..... #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y

OR

C. IPV/OPV sequential:.....IPV #1 ____/____/____ IPV #2 ____/____/____ OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y M D Y M D Y

5. VARICELLA (Chicken Pox) (History of chicken pox, a positive varicella antibody, or two doses of vaccine)

A. Immunization

#1 ____/____/____ #2 ____/____/____ (at least 12 weeks after first dose if ages 1-12 y.o.
M D Y M D Y and at least 4 weeks after first dose if age 13 or older)

OR

B. Varicella antibody Reactive (positive) Non-reactive (negative) ____/____/____
M D Y

C. History of disease ____/____/____
M D Y

6. MENINGOCOCCAL QUADRIVALENT (A, C, Y, W-135) One dose or 2 doses for all college students – revaccinate every 5 years if increased risk continues.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible)

#1 / /
M D Y #2 / /
M D Y

OR

2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available)

Date / /
M D Y

7. MENINGOCOCCAL SEROGROUP B (Two or three dose series; may be given to any college student or for outbreak control)

1. MenB-RC (Bexsero)

#1 / / #2 / /
M D Y M D Y

OR

2. MenB-FHbp (Trumenba)

#1 / / #2 / / #3 (if needed) / /
M D Y M D Y M D Y

8. INFLUENZA

Date of last dose: / /
M D Y

9. PNEUMOCOCCAL POLYSACCHARIDE VACCINE (One dose for members of high-risk groups)

PCV 13 Date / /
M D Y

PPSV 23 Date / /
M D Y

10. HUMAN PAPILLOMA VIRUS (three doses of vaccine)

#1 / / #2 / / #3 / /
M D Y M D Y M D Y

Vaccine given: Gardasil 4 (HPV4) Gardasil 9 (HPV9) Cervarix (HPV2)

HEALTH CARE PROVIDER

Name and title of Health care Practitioner

Health care Practitioner's signature

Date signed

PART III: OPTIONAL**TUBERCULOSIS (TB) SCREENING/TESTING¹**

Please answer the following questions:

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) Yes No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

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? Yes No

If the answer is YES to any of the above questions, Seattle University recommends that you receive TB testing as soon as possible but at least prior to the start of the subsequent quarter. Please complete pages 5-6.

If the answer to all of the above questions is NO, no further testing or further action is required **and you can skip pages 5-6.**

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: / /
 M D Y

Result: **Normal** **Abnormal**

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

HEALTH CARE PROVIDER

Name and title of Health care Practitioner

Health care Practitioner's signature

Date signed

Address

Phone

Fax