Academic Year:_____

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:** _____/_____/_____

REQUIRED VACCINATIONS

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

MMR (Measles, Mumps, Rubella): *2 doses of MMR OR provide a titer lab report indicating immunity to Measles, Mumps and/or Rubella*					
1st vaccine dose after 12 months of age					
MMR	1	2	☐ Attach **required** lab report		
Measles (Rubeola)	1	2	☐ Attach **required** lab report		
Mumps	1	2	☐ Attach **required** lab report		
Rubella	1		☐ Attach **required** lab report		
Hepatitis B: *either 3 dose series OR 2 dose series OR a positive **QUANTITATIVE** Hepatitis B Surface Antiibody titer lab report*					
Engerix-B	1	2	3		☐ Attach **required** lab report
Heplisav-B *(vaccine available beginning Nov 2017)*	1	2			☐ Attach **required** lab report
Secondary Hepatitis B series	1	2	3		
Varicella: *2 doses of vaccine OR a Varicella IgG positive titer lab report indicating immunity*					
*1st vaccine dose after 12 months of age. History of disease **is not** accepted.*					
1		2			☐ Attach **required** lab report
Tetanus-Diphtheria Pertussis (Tdap or Td): *one Tdap required at or after age 11 and a dose of Tdap/Td required within the last ten years of start date*					
Tdap		**Recent Tdap**		**Recent 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			
COVID- 19 *(must be WHO approved)*		**Most Recent Dose**			
Pfizer					
Moderna					
Other/Brand					
Other Vaccines not listed (BCG, Yellow Fever, Typhoid, Pneumovax, Japanese Encephalitis, Rabies, etc.):					
Vaccine		Vaccine		Vaccine	
Date		Date		Date	
If compliance is achieved with titers, you must attach lab reports to this form.					

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

Tuberculosis (TB) Risk Screen

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).	☐ Yes	☐ No
Section B: At risk for TB?		
2. Have you ever had close contact with persons known or suspected to have active TB disease?	☐ Yes	☐ 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: _____	☐ Yes	☐ No
4. Have you had frequent, prolonged visits or lived* in one or more of the countries or territories listed on page 3 with a high prevalence of TB disease? If so, list countr(ies): _____	☐ Yes	☐ 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)?	☐ Yes	☐ No
6. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	☐ Yes	☐ 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 using drugs or alcohol?	☐ Yes	☐ 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 (IGRA required) 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 (TB) Risk Screen 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," an IGRA is REQUIRED. History of BCG vaccination does not preclude the testing requirement. If unable to receive a blood test, a TST can be completed.
If a TB Blood test and/or a TST is positive, a chest x-ray is REQUIRED.
Copies of lab reports and radiology reports are required if tests are performed.

Interferon Gamma Release Assay (IGRA):

Date Obtained: ____/____/_____ Specifiy Test: ☐ Quantiferon Gold ☐ T-Spot ☐ **Attach lab report**

Tuberculin Skin Test (TST) Date Placed: ____/____/____ Date Read: ____/____/____

Results: _____ mm of induration Interpretation: ☐ Pos ☐ Neg ☐ **Attach lab report**

☐ Neg ☐ Pos ☐ Indeterminate ☐ Borderline ☐ Abnormal

Chest X-ray: *required within 6 months of matriculation if IGRA or TST is positive* ☐ **Attach Chest X-Ray report**

Date of Chest X-ray: ____/____/_____ Result: ☐ Normal/Neg ☐ Abnormal

TB Prophylaxis

If diagnosed with latent TB, did the patient complete a course of medication? ☐ Yes ☐ No

If yes, medication(s): _____ When? _____

Number of months: _____ ☐ Attach documentation

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 _____

Clinic/Provider Stamp:

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

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