

SEATTLE UNIVERSITY

IMMUNIZATION RECORD

PART I

Name _____
Last Name First Name

Address _____
Street City State Zip

Date of Entry ____/____/____ Date of Birth ____/____/____ SSN ____/____/____-____/____/____-____/____/____
Mo Yr Mo Day Yr

Undergraduate ____ Graduate ____ Law ____ International Student ____

PART II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR A COPY OF YOUR OFFICIAL IMMUNIZATION HISTORY (*Please fill out Part I if you are attaching photocopied records*).
All information must be in English.

REQUIRED IMMUNIZATIONS

1. M.M.R. (Measles, Mumps, Rubella) (Two doses required.) (People born prior to January 1, 1957 are exempt from the immunization requirement)

A. Dose 1 given at age 12-15 months or later.....#1 ____/____/____
Mo Day Yr

B. Dose 2 given at age 4-6 years or later, and at least one month after first dose#2 ____/____/____
Mo Day Yr

OR

C. MMR surface antibody Result Reactive ____ Non-reactive ____.....____/____/____
Mo Day Yr

2. TETANUS-DIPHTHERIA (Td booster in the last ten years meets requirement.)

Tetanus-Diphtheria (Td) booster within the last ten years____/____/____
Mo Day Yr

3. HEPATITIS B (Three doses of vaccine or a positive Hepatitis surface antibody meets the requirement.)

A. Immunization

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____
Mo Day Yr Mo Day Yr Mo Day Yr

OR

B. Hepatitis B surface antibody Result Reactive ____ Non-reactive ____.....____/____/____
Mo Day Yr

HEALTH CARE PROVIDER

Name _____ Address _____

Signature _____ Phone (____) _____

**PART III - RECOMMENDED IMMUNIZATIONS BY THE ADVISORY COMMITTEE ON
IMMUNIZATION PRACTICES AND THE AMERICAN COLLEGE HEALTH
ASSOCIATION**

NOT REQUIRED IMMUNIZATIONS

1. POLIO (Primary series in childhood meets requirement; three primary series schedules are acceptable.)

1. OPV alone (oral Sabin three doses):..... #1 / / / #2 / / / #3 / / /
Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr
2. IPV alone (injected Salk four doses):..... #1 / / / / #2 / / / / #3 / / / / #4 / / / /
Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr
3. IPV/OPV sequential:.....IPV #1 / / IPV #2 / / OPV #3 / / OPV #4 / /
Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr

2. HEPATITIS A

1. Immunization (Hepatitis A)

- a. Dose #1 / / b. Dose #2 / /
Mo Yr Mo Yr Mo Yr Mo Yr

3. VARICELLA (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years meets the requirement.)

1. History of Disease Yes No
2. Varicella antibody / / Reactive Non-reactive
Mo Yr Mo Yr

3. Immunization

- a. Dose #1.....#1 / /
Mo Yr Mo Yr
- b. Dose #2, given at least one month after first dose,.....#2 / /
if age 13 years or older Mo Yr Mo Yr

4. INFLUENZA (Annual immunization recommended to avoid disruption to academic activities.)

Date / / / / / /
Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr Mo Yr

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

Date / /
Mo Yr Mo Yr

6. MENINGOCOCCAL (A, C, Y, W-135 / One dose — for college freshmen living dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas if the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending):.....Date / /
Mo Yr Mo Yr

Tetavalent polysaccharide (acceptable alternative if conjugate not):.....Date / /
available; revaccinate every 3-5 years if increased risk continues: Mo Yr Mo Yr

7. TUBERCULOSIS SCREENING (PPD recommended regardless of prior BCG inoculation.)

1. PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)
Result: Neg Pos mm induration (horizontal diameter) / /
Mo Yr Mo Yr
2. If PPD is positive, chest X-ray required: X-ray result: Normal Abnormal / /
Mo Yr Mo Yr
3. If PPD is positive have you had INH prophylaxis? No Yes Date completed / /
Mo Yr Mo Yr

STATEMENT OF EXEMPTION TO IMMUNIZATION

You can be exempted (excused from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that you have not been immunized against, you can be excluded from school until the outbreak is over.

I certify that the individual named on this form is medically exempted from the requirement for the following vaccine(s):

Vaccine(s)

Until _____
Date

Type or Print Provider's name
Date

Provider's Signature

Type or Print Student's name
Date

Date of Birth

I am opposed to immunization. I understand that I can be excluded from attendance during an outbreak. I do not want to receive the following vaccine(s):

Vaccine(s)

Until _____
Date

Type or Print Provider's name
Date

Provider's Signature	Date
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Type or Print Student's name

Date of Birth

Summary of ESB 5005 Bill: The form used to certify the exemption for either medical, religious, or personal objections must include a statement, signed by a health care practitioner, that the individual has been informed of the benefits and risks of the immunization. A health care practitioner is defined as a licensed physician, licensed naturopath, licensed physician assistant, or advanced registered nurse practitioner.

I certify that I have laboratory evidence of immunity to measles/mumps/rubella (please circle).

Attach TITER results

TYPE or PRINT Provider's Name _____

Provider's Signature or Stamp
Date

Type or Print Student's name
Date

Student's Signature _____

Date of Birth