

# DOWELL HEALTH CENTER

**PRE-ENTRANCE IMMUNIZATION RECORD This form must be completed and signed by a health care provider.**

**Return by mail, fax or email: Dowell Health Center, 8000 YORK ROAD, TOWSON, MD 21252**

**FAX: 410-704-3715 • EMAIL: Immunizations@towson.edu**

STUDENT NAME: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_ TU ID # \_\_\_\_\_

R=Required S=Suggested	VACCINE	DOSE 1	DOSE 2	DOSE 3	Alternative to MMR vaccine: Positive blood antibody titers to each disease; equivocal results are not acceptable proof of immunity:
<b>R if born after 1956:</b> 2 doses on/after 1st birthday	Measles-Mumps-Rubella	___/___/___	___/___/___		Measles IgG titer: <input type="checkbox"/> Positive Rubella IgG titer: <input type="checkbox"/> Positive Mumps IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results.)
<b>R—all students</b> Primary series; Tdap booster ≥11 yrs. old	Tetanus-Diphtheria-Pertussis	Primary (childhood) series of 4-5 doses completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of completion: ___/___/___			Pertussis booster: Single dose of Adult Tdap (Adacel® or Boostrix®)* required at ≥ 11 yrs. of age, regardless of last Td booster date. (* Tdap licensed in 5/2005) Date of Tdap: ___/___/___ If Tdap contraindicated, Td booster within last 10 yrs. Date of Td: ___/___/___
S—all students ≤21 yrs <b>R on-campus residents</b>	Meningococcal (meningitis)	Conjugate preferred: <input type="checkbox"/> Menactra or <input type="checkbox"/> Menveo: ___/___/___ If primary dose given < age 16, booster dose should be given ≥ age 16 to assure adequate protection during college years. <input type="checkbox"/> Menomune: ___/___/___ Protection wanes after 3 years. If primary dose was given before age 16, give booster dose of Menactra or Menveo at ≥ age 16 to assure adequate protection during college years.			<input type="checkbox"/> Waiver signed and returned to Residence Department
		DOSE 1	DOSE 2	DOSE 3	
<b>R for Nursing Students.</b> Primary series complete OR booster dose at program entry	Polio (IPV or OPV)	___/___/___	___/___/___	___/___/___	<input type="checkbox"/> Polio booster dose acceptable if no proof of primary series: ___/___/___
S—all students <b>R for health professions students</b>	Hepatitis B	___/___/___	___/___/___	___/___/___	<input type="checkbox"/> Positive HepB S Ab titer (Attach copy of results—required for health professions students.)
S—all students	Hepatitis A	___/___/___	___/___/___		
S—all students <b>R for health professions students</b>	Varicella	___/___/___	___/___/___		<input type="checkbox"/> Positive Varicella IgG titer (Attach copy of results—required for health professions students.)
S Females 11-26 Males 9-26	HPV	___/___/___	___/___/___	___/___/___	

**Tuberculosis Screening: All U.S. Citizens/Permanent Residents must complete online TB screening form.** If risk factors present, health care provider must complete the TB Testing form and return it to the Dowell Health Center.

**All International Students on Visas:** You must come to the Dowell Health Center upon arrival for a TB testing visit. A TB test is required regardless of prior BCG vaccine. If you have had a TB skin test, TB blood test, or chest x-ray performed in the U.S. within 6 months of arrival to Towson, bring this documentation with you, including official chest x-ray report. PLEASE DO NOT BRING THE X-RAY FILM. If you have ever been treated for either a positive TB skin test or active tuberculosis, bring documentation of drugs and duration of treatment.

**EXEMPTION FROM REQUIRED IMMUNIZATIONS:** Exemption may result in quarantine of unimmunized students off campus in the event of a contagious disease outbreak.

**Medical Exemption:** Health care provider must document the specific vaccine(s) that presents a health risk to the student: \_\_\_\_\_

**Religious:** Student must complete a Request for Exemption. Form is available on Health Center website.

**HEALTH CARE PROVIDER (PRINT NAME):** \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE:** \_\_\_\_\_

