SAINT LOUIS UNIVERSITY
STUDENT IMMUNIZATION RECORD

Saint Louis University
Student Health and Counseling Services
3518 Laclede Ave
St. Louis, MO 63103
Phone: 314-977-2323
Fax: 314-977-7165

Please Print

STUDENT NAME _____ BANNER ID NUMBER _____

PERMANENT ADDRESS _____ DATE OF BIRTH _____

CITY. STATE. ZIP _____ SEX _____

PHONE _____ INTENDED MAJOR IF KNOWN _____

INSTRUCTIONS:

1. Please read the University's Immunization Policy, which is summarized on the back of this document.

2. Complete the form as directed. Please note that the Immunization History should be completed by the health care provider, and signed by a physician.

3. Completed forms must be returned by:

August 1 for Fall Semester
December 1 for Spring Semester
May 1 for Summer Semester

AUTHORIZATION FOR RELEASE OF IMMUNIZATION DATA*

I authorize Saint Louis University to release this immunization record to public health authorities for compliance audits and/or in the event of a health or safety emergency, and to health care providers and institutions to which I may be assigned during my educational experience if I choose a health professions related major.

STUDENT SIGNATURE: _____ DATE: _____

**Please note that this authorization is for the immunization record only.*

SAINT LOUIS UNIVERSITY
PERSONAL HEALTH HISTORY

Saint Louis University
Student Health and Counseling Services
3518 Laclede Ave
St. Louis, MO 63103
Phone: 314-977-2323
Fax: 314-977-7165

STUDENT NAME _____ BANNER ID _____

DATE OF BIRTH _____

TO BE COMPLETED BY STUDENT:

1. Please list any significant current health problems.

2. List any medications you take on a regular or frequent basis.

3. Are you allergic to any medications? ☐Yes ☐No
   If yes, please list.

4. Do you have any other kinds of allergic conditions such as asthma, hay fever, etc?
   ☐Yes ☐No If yes, please list.

5. List any significant past health problems.

6. Have you ever been hospitalized? ☐ Yes ☐ No
If yes, indicate why and when.

7. Have you ever had a head injury, concussion, broken bones or other serious injury?
☐ Yes ☐ No If yes, indicate what injury and when.

8. Have you ever had an operation? ☐ Yes ☐ No
If yes, indicate for what and when.

9. Please indicate if you have a history of any of the following:

- ☐ Heart murmur
- ☐ Irregular heart beat
- ☐ High blood pressure
- ☐ Hypoglycemia
- ☐ Bleeding disorder
- ☐ Diabetes
- ☐ Fainting spells
- ☐ Sleep disorder
- ☐ Menstrual disorder
- ☐ Seizure disorder
- ☐ Psychiatric disorder
- ☐ Alcohol abuse
- ☐ Substance Abuse

10. Do you have any dietary restrictions for medical reasons? ☐ Yes ☐ No
If yes, please specify.

11. Do you have any physical limitations? ☐ Yes ☐ No
If yes, please specify.

Student signature: _____ Date: _____

SAINT LOUIS UNIVERSITY

TUBERCULOSIS SCREENING QUESTIONNAIRE

Saint Louis University
Student Health and Counseling Services
3518 Laclede Ave
St. Louis, MO 63103
Phone: 314-977-2323
Fax: 314-977-7165

STUDENT NAME _____ BANNER ID _____

DATE OF BIRTH _____

Please answer the following questions:

☐ Yes	☐ No	Have you lived or traveled for >2 months in Asia, Africa, Central or South America or Eastern Europe?
☐ Yes	☐ No	Were you born on one of these continents?
☐ Yes	☐ No	Have you ever been vaccinated with BCG?
☐ Yes	☐ No	Have you ever had a positive TB skin test or history of active tuberculosis infection?
☐ Yes	☐ No	Has anyone living in your household ever had a history of active tuberculosis?
☐ Yes	☐ No	Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison or other health care facility?

If the answer is **NO** to all of the above questions, no further testing or action is required. Please sign below and forward this form with your immunization record to Saint Louis University Student Health and Counseling. A physician's signature is not required on this questionnaire if you answered NO to all the questions.

If the answer is **YES** to any of the above questions, then Saint Louis University requires that a health care provider complete a tuberculosis risk assessment within 6 months prior to the start of class. Results of a tuberculin skin test (PPD) or IGRA blood test such as Quantiferon gold or a T-spot must be provided, unless a previous positive test has been documented. A chest x-ray performed within six months prior to the first day of class is required for a positive PPD or IGRA. A written medical interpretation of the x-ray (in English) must be included.

NOTE: Testing is recommended (but not mandated) for individuals in the following groups:

- HIV positive
- Immunosuppressive disorders from illness or medication (e.g. organ transplants, prednisone)
- History of IV drug abuse or alcoholism
- Students with chronic medical conditions (e.g. diabetes, cancer, kidney disease, malabsorption disorders, etc)

TB (Tuberculin) Skin Test - Date Administered: _____ Date Read: _____ Result: _____mm.

-OR- equivalent blood test result: _____

Chest X-ray required if TB test is positive: Date: _____ Result: ☐ NORMAL ☐ ABNORMAL
(Attach written medical interpretation of Chest X-ray in English).

Dates of treatment: _____

Physician/ Clinic name: _____

Physician/ Clinic address: _____

_____

Phone number: _____

Physician signature: _____ Date: _____

(Physician signature is only required if providing TB test results, blood test results or chest x-ray).

By signing I attest that the above information is true to the best of my knowledge

Student signature: _____ Date: _____

IMMUNIZATION HISTORY

STUDENT NAME _____ BANNER ID NUMBER _____

TO BE COMPLETED BY HEALTHCARE PROVIDER:

Vaccine or Test	Vaccine Type		Dates(s)	Doctor or Clinic
Polio (PPV or IPV)	_____	Primary Series	_____	_____
			_____	
			_____	
		Booster	_____	
Diphtheria, Pertussis		Primary Series	_____	_____
			_____	
Tetanus	_____		_____	_____
(DPT, DT or Td)		Booster	_____	
Combination MMR	_____	1st Dose	_____	_____
		2nd Dose	_____	
Measles	_____	1st Dose	_____	_____
		2nd Dose	_____	
Mumps	_____		_____	_____
Rubella	_____		_____	_____
Meningitis	_____		_____	_____
Varicella	_____	1st Dose	_____	_____
		2nd Dose	_____	
Other Vaccines	_____		_____	_____
	_____		_____	_____

Physician Clinic Name: _____

Address: _____

_____

Physician Signature: _____ Date: _____

EXEMPTIONS

1. Students claiming exemption from immunizations because of medical contraindications must submit a written statement signed and dated by a physician.
2. Students claiming exemption from immunizations because of religious beliefs must submit a written statement, signed and dated by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization based upon bona fide religious beliefs or practice.

SAINT LOUIS UNIVERSITY
STUDENT IMMUNIZATION REQUIREMENTS

1. Diphtheria and Tetanus
   Documentation of primary series of diphtheria and tetanus toxoid, *and* a booster within the past ten years.

2. Measles
   Documentation of two doses of live measles (or MMR combined) vaccine separated by at least one month on or after the first birthday, *or*, documentation of physician-diagnosed disease or laboratory evidence of immunity. Individuals who received killed measles vaccine, combination of killed and live measles vaccine, or measles vaccine of an unknown type in the period 1963-1967, are considered unvaccinated, and should receive two doses of live vaccine at least one month apart.

3. Mumps
   Documentation of one dose of live mumps (or MMR combined) vaccine on or after the first birthday, *or*, documentation of physician-diagnosed mumps or laboratory evidence of immunity. Persons who received killed mumps vaccine which was available between 1950-1978 might benefit from revaccination.

4. Rubella
   Documentation of one dose of rubella (or MMR combined) vaccine on or after the first birthday, *or*, documentation of laboratory evidence of immunity.

5. Varicella
   Documentation of two doses of live varicella vaccine separated by at least one month, *or* documentation of physician-diagnosed disease or laboratory evidence of immunity *or* birth in U.S. before 1980.

6. Meningitis
   Immunization is required for all freshmen students living in residence halls or signed waiver acknowledging risks/benefits of vaccine.

7. Tuberculin Test
   Tuberculosis screening is required for all students. Tuberculosis testing is mandated for:
   - International students born in a country with a high incidence of tuberculosis.
   - Students with a history of living or traveling for more than 2 months in areas with a high incidence of tuberculosis disease.
   - Students with signs or symptoms of active tuberculosis, a positive tuberculosis skin test or close contacts with a person known to have active tuberculosis.
   - Students who have worked in nursing homes, hospitals, or other residential institutions.

   For more information, go to the CDC website
   [http://www.cdc.gov/tb/publications/factsheets/testing/TB_Factsheet.pdf]

8. Hepatitis
   Immunization against Hepatitis B is strongly recommended for all students and is required for health professions students prior to their clinical assignments.

9. Polio
   Polio vaccine is not routinely given to adults, and therefore students are not required to receive a booster or a primary series if they were not previously immunized. Students should, however, document their childhood polio vaccine immunization. In the unlikely event of epidemic disease, special requirements may be instituted.

APPLICABILITY, DOCUMENTATION AND ENFORCEMENT

1. This policy applies to all domestic and international students entering the University for the first time, unless medical or religious exemptions pertain. Students in the School of Professional Studies must only comply with the requirement related to tuberculin testing.

2. Submission of this record, by the date specified, is mandatory. Failure to comply will result in registration being cancelled and/or restricted.

3. The University also reserves the right to deny access to campus facilities, including residence halls, if documentation of compliance has not been provided. Further, in accordance with public health recommendations, non-immune students may be excluded from the University campus in the event of a measles, rubella, mumps or diphtheria outbreak or other public health recommendation.