



# IMMUNIZATION RECORD

## FORMS DATE DUE

Fall Semester June 30th  
Spring Semester December 15th

All students must complete this form and return to Health Services by date due via:

- e-mail at [lord-stoutt@centenarycollege.edu](mailto:lord-stoutt@centenarycollege.edu)
- mail to 400 Jefferson Street (c/o Health Office)
- fax 908-979-4290
- drop off at Wellness Center (605 Grand Ave).

**Exemption letters** and **copies of immunization** records from High School/College/Public Health Department or Health Care Provider must be attached, or this form requires signature of your Health Care Provider.

Last Name	Maiden	First	Middle Initial	Social Security Number
Address				Home Phone Number
City	State	Zip	Student Cell Phone Number	
<b>DATE of BIRTH</b>		Entrance Date	Gender M F T	
Student Status (circle all that apply): Undergrad Full-time Main campus Matriculated			Graduate Part-time SPS Non-matriculated	RESIDENT COMMUTER
I have previous records at Centenary College				Dates Attended

## Exemptions from Immunization Requirements

Students enrolled in **strictly online programs** are exempted from immunization requirements.

Any student may seek exemption from immunization requirements for **medical or religious reasons**.

- A student seeking exemption from required immunizations for a **medical reason**, must submit a written statement from their healthcare provider which indicates that the immunization is medically contraindicated as enumerated by the Advisory Committee on Immunization Practices (ACIP). The statement must specify the period of time the student is exempt. When the student's medical condition permits immunization, the medical exemption shall thereupon terminate.
- A student seeking exemption from required immunizations for a **religious reason**, must submit a written statement signed by the student (or parent/legal guardian if the student is a minor) explaining how the administration of a vaccine conflicts the student's religious beliefs. This written statement will be kept as part of the student's health records.
- Students born BEFORE 1957 may be exempted from measles, mumps and rubella vaccine requirements. Students born BEFORE 1980 may be exempted from chickenpox vaccine requirements.

***\*In the event of a contagious outbreak, any student with an immunization exemption may not be allowed on campus.\****

Students claiming exemptions should check what applies below and attach supporting documentation.

EXEMPTIONS:	AGE	MEDICAL	RELIGIOUS
MMR			
HEPATITIS B			
MENINGOCOCCAL			
VARICELLA			

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED OF ALL STUDENTS UNLESS OTHERWISE EXEMPTED.  
PLEASE COMPLETE WITH DATES OF VACCINATION and/ or TITER RESULTS.

1. **MMR (MEASLES, MUMPS, RUBELLA)**-All students born after 1956 are required to have two doses; the first dose given at age 12 months or later, and the second dose given at least 28 days after the first dose. If vaccine dates are unknown, a blood test called an MMR titer can be done.

MMR #1 (M/D/Y) \_\_\_\_\_ MMR #2 (M/D/Y) \_\_\_\_\_

**OR**

Measles (2 doses required) #1 (M/D/Y) \_\_\_\_\_ #2 (M/D/Y) \_\_\_\_\_

Mumps (1 dose required) (M/D/Y) \_\_\_\_\_

Rubella (1 dose required) (M/D/Y) \_\_\_\_\_

**OR**

MMR TITER

Date

Result

Measles Titer

\_\_\_\_\_

\_\_\_\_\_

Mumps Titer

\_\_\_\_\_

\_\_\_\_\_

Rubella Titer

\_\_\_\_\_

\_\_\_\_\_

2. **HEPATITIS B**-All students are required to have three doses of vaccine, or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody.

HEP B #1 (M/D/Y) \_\_\_\_\_ HEP B #2 (M/D/Y) \_\_\_\_\_ HEP B #3 (M/D/Y) \_\_\_\_\_

Adult Formulation \_\_\_\_\_ Child Formulation \_\_\_\_\_

Adult Formulation \_\_\_\_\_ Child Formulation \_\_\_\_\_

Adult Formulation \_\_\_\_\_ Child Formulation \_\_\_\_\_

**OR**

Date

Result

Hep BsAB Titer

\_\_\_\_\_

\_\_\_\_\_

3. **TETANUS, DIPHTHERIA, PERTUSSIS**-All students are required to have had a Tetanus Booster within 10 years of admission date. Tdap booster is recommended for ages 11-64 unless contraindicated.

Td (M/D/Y) \_\_\_\_\_ Tdap (M/D/Y) \_\_\_\_\_

4. **VARICELLA (CHICKENPOX)**-All students born after 1980 are required to show history of chickenpox disease OR Documentation of Varicella Immunity Titer OR 2 varicella vaccines

Date of Chickenpox Disease \_\_\_\_\_ OR Varicella IgG Titer \_\_\_\_\_

OR Varicella Vaccine #1 \_\_\_\_\_ AND Varicella Vaccine #2 \_\_\_\_\_

5. **MENINGOCOCCAL**-All students residing in Campus Housing, are required to have a meningitis vaccine within 5 years of admission date. Quadrivalent conjugate is preferred.

Vaccine #1 \_\_\_\_\_ Vaccine #2 \_\_\_\_\_

6. **TUBERCULOSIS(TB) SCREENING TESTING**-All students **at risk for Tuberculosis** are required to have TB testing (SEE ATTACHED)

**RECOMMENDED BUT NOT REQUIRED VACCINES**

Hepatitis A #1 (M/D/Y) \_\_\_\_\_ Hepatitis A #2 (M/D/Y) \_\_\_\_\_ Influenza Vaccine (M/D/Y) \_\_\_\_\_

HPV Vaccine #1(M/D/Y) \_\_\_\_\_ HPV #2(M/D/Y) \_\_\_\_\_ HPV #3 (M/D/Y) \_\_\_\_\_

SIGNATURE OF HEALTHCARE PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

## TUBERCULOSIS (TB) SCREENING/TESTING

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

Were you born in one of the countries listed below that have a high incidence of active TB disease? ☐ Yes ☐ No

(If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? ☐ Yes ☐ No

(If yes, CHECK the countries, above)

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 to all of the above questions is NO, no further testing or further action is required.

If the answer is YES to any of the above questions, Centenary College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

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

## TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by health care provider)

Clinicians should review and verify the information above. Persons answering YES to any of the questions in Tuberculosis (TB) Screening/Testing are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test: (If yes, document below) Yes \_\_\_\_ No \_\_\_\_

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes \_\_\_\_ No \_\_\_\_

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### 1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes \_\_\_\_ No \_\_\_\_

If No, proceed to 2 or 3

If Yes, check below:

- ☐ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- ☐ Coughing up blood (hemoptysis)
- ☐ Chest pain
- ☐ Loss of appetite
- ☐ Unexplained weight loss
- ☐ Night sweats
- ☐ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Result: \_\_\_\_\_ mm of induration

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

\*\* Interpretation: positive \_\_\_\_ negative \_\_\_\_

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Result: \_\_\_\_\_ mm of induration

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

\*\* Interpretation: positive \_\_\_\_ negative \_\_\_\_

\*\* Interpretation guidelines

#### >5 mm is positive:

- o Recent close contacts of an individual with infectious TB
- o persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- o organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for > 1 month.)
- o HIV-infected persons

#### >10 mm is positive:

- o recent arrivals to the U.S. (< 5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- o injection drug users
- o mycobacteriology laboratory personnel
- o residents, employees, or volunteers in high-risk congregate settings

- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

**>15 mm is positive:**

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.
- *The significance of the travel exposure should be discussed with a health care provider and evaluated.*

**3. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT T-Spot Other \_\_\_\_  
M D Y

Result: negative \_\_\_\_ positive \_\_\_\_ indeterminate \_\_\_\_ borderline \_\_\_\_ (T-Spot only)

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT T-Spot Other \_\_\_\_  
M D Y

Result: negative \_\_\_\_ positive \_\_\_\_ indeterminate \_\_\_\_ borderline \_\_\_\_ (T-Spot only)

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

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_