

Return by July 31<sup>st</sup> to:  
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# WASHINGTON AND LEE UNIVERSITY

Lexington, Virginia 24450-2116

# IMMUNIZATION RECORD

This form is to be completed and signed by your healthcare provider.

STUDENT'S LAST NAME (Print) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

## REQUIRED IMMUNIZATIONS

### A. M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956.)

1. Dose 1 given at age 12 months or later ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
2. Dose 2 given at least 28 days after first dose ..... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

### B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series **AND** booster within the last ten years. See ACIP for details)

1. Primary series of four doses with DTaP, DTP, DT, OR Td: ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y
2. Booster within the last ten years: Tdap (Adacel or Boostrix) \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y  
(specify type) OR Td (Decavac) \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

### C. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): OPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y
2. IPV/OPV sequential: IPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y
3. IPV alone (injected Salk four doses): IPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

### D. VARICELLA (History of chicken pox, birth in the U.S. before 1980, a positive varicella antibody test **OR** two doses of vaccine.)

1. History of disease .....  Yes **OR** ..... Birth in U.S. before 1980?  Yes
2. Varicella antibody ..... Date tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Result:  Reactive  Non-Reactive  
M D Y
3. Immunization  
a. Dose #1 ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y  
b. Dose #2 given at least 12 weeks after first dose ages 1-12 years ..... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
and at least 4 weeks after first dose if age 13 years or older. M D Y

### E. HEPATITIS B (Three doses of vaccine, **OR** two doses of adult vaccine in adolescents 11-15 years of age, **OR** a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)..... Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y  
Adult formulation \_\_\_\_\_ Adult formulation \_\_\_\_\_ Adult formulation \_\_\_\_\_  
Child formulation \_\_\_\_\_ Child formulation \_\_\_\_\_ Child formulation \_\_\_\_\_
2. Immunization (Combined hepatitis A and B vaccine)..... Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y
3. Hepatitis B surface antibody: ..... Date tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Result  Reactive  Non-reactive  
M D Y

### F. MENINGOCOCCAL QUADRIVALENT (A,C,Y,W-135) Two dose primary series (if started before age 16) or single dose (if given at or after age 16) for all first-year college students living in residence halls. All incoming college students age 21 or younger should have a dose no more than 5 years before enrollment. Other students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease, but vaccination is optional for these students. Quadrivalent polysaccharide vaccine is an acceptable alternative if conjugate vaccine is not available.

1. Quadrivalent meningococcal conjugate vaccine: ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
2. Dose #2 (at least 8 weeks after first dose) if initial dose given before age 16, or for persons with ongoing risk: .... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

STUDENT'S LAST NAME (Print)

FIRST NAME

MIDDLE

DATE OF BIRTH: M / D / Y

### RECOMMENDED IMMUNIZATIONS

**G. HUMAN PAPILLOMAVIRUS** (Three doses of vaccine for both males and females between 11-26 years of age at 0, 1-2, and 6 month intervals.)

Specify Quadrivalent (HPV4) \_\_\_ or Bivalent (HPV2) \_\_\_ Immunization Dates: #1 M / D / Y #2 M / D / Y #3 M / D / Y

**H. INFLUENZA** Trivalent or quadrivalent inactivated influenza vaccine (TIV or QIV) or live attenuated influenza vaccine (LAIV).

Annual immunization recommended for all college students to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals.

Immunization ..... Date M / D / Y Date M / D / Y Date M / D / Y Date M / D / Y Date M / D / Y  
(Most recent dose)

### I. HEPATITIS A

1. Immunization Date (hepatitis A) ..... #1 M / D / Y #2 M / D / Y  
or

2. Immunization Date (Combined hepatitis A and B vaccine) ..... #1 M / D / Y #2 M / D / Y #3 M / D / Y

### J. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

One dose for members of high-risk groups; See ACIP for details.....Date M / D / Y

**K. OTHER VACCINES** Specify vaccines and dates given: \_\_\_\_\_

### REQUIRED TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active tuberculosis disease?.....  Yes  No  
If **No**, proceed to 2. If **Yes**, proceed with additional evaluation to exclude active tuberculosis disease.

2. Is the student a member of a high-risk group? (\*) .....  Yes  No  
If **No**, stop. If **Yes**, place tuberculin skin test or draw blood for IGRA testing. A history of BCG vaccination should not preclude testing of a member of a high-risk group, but IGRA is preferred.

3. Tuberculin Skin Test: .....Date Given: M / D / Y Date Read: M / D / Y Result: \_\_\_\_\_  
(Record mm of induration; if no induration, write "0")

TST interpretation (based on mm of induration and risk factors): .....  Positive  Negative

4. IGRA: .....Date: M / D / Y Result: Negative \_\_\_\_\_ Positive: \_\_\_\_\_ Indeterminate: \_\_\_\_\_

5. Chest x-ray ..... Date of chest x-ray: M / D / Y Result:  Normal  Abnormal  
(required if TST or IGRA is positive)

(\*)High risk groups include those students who were born in, or who have had frequent or prolonged visits to countries where TB is endemic. See World Health Organization Global Health Observatory, Tuberculosis Incidence, list of countries with incidence rates of ≥ 20 cases per 100,000 population. For current listing of such countries refer to <http://apps.who.int/gho/data/node.main.1320>.

Other categories of high-risk students include those with recent close contact with someone with infectious tuberculosis; with HIV infection/AIDS; who inject drugs; who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemia or lymphoma, low body weight, gastrectomy or jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy, immunosuppressive therapy or other immunosuppressive disorders.

HEALTHCARE PROVIDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_