



Immunization/TB Screening Requirements INSTRUCTIONS

1. Obtain *complete* immunization records.
 - a. Complete the Required Health History, Immunization and TB Screening Questionnaire Record. Your physician must sign the Immunization Record to verify completeness. All immunizations must have documented proof of day, month and year.
 - b. Students should retain original documents. Copies of records may be destroyed after entry into the University database.
 - c. Examples of acceptable documents include:
 - Copies of personal immunization records i.e. baby book
 - Copies of physician office or Health Department immunization records
 - Copies of high school or previous college immunization records

REQUIREMENTS

1. **Measles, Mumps, Rubella (MMR) Vaccine**

Southwest Baptist University requires that newly enrolled or readmitted students born after December 31, 1956 comply with the two-dose MMR Immunization Policy. If a second immunization is needed, it must be the combined MMR vaccine.
2. **Tetanus, Diphtheria, and Pertussis (Tdap)**
3. **Polio series**
4. **DPT series**
5. **Meningococcal Vaccine**

Missouri State Legislation requires students living in *University owned housing*:

 - a) Have documented proof of receiving the meningococcal vaccine.

Note: Students who received their first dose of meningococcal vaccine before age 16 require a booster with a minimum interval of at least 8 weeks from the preceding dose.
6. **Complete Health History and Immunization Record Forms, Required Tuberculosis Screening Questionnaire**

See Link: Health History, Immunization Record and Required Tuberculosis Screening Questionnaire

Additional Information

Other immunizations recommended, but not required for SBU students include

- **Hepatitis A series** (2 doses)
- **Hepatitis B series** (3 doses). If incomplete, provide dates of any doses received.
- **Annual Influenza vaccine.** Available each Fall - advisable for all students.
- **Varicella (chicken pox).** (2 doses)

If you have received any of the above immunizations, please send a copy of your records.

Please note: The above recommendations may be required for mission trips, Physical Therapy School, Education Practicum, Nursing School and clinical sites such as hospitals, child care centers and nursing homes.



Tuberculosis (TB) Screening Questionnaire **Required For Incoming and Transfer students.**

Why do I have to do this?

Missouri Law (RS 199.290) requires all Missouri institutions of higher education to perform a targeted tuberculosis testing program for all on-campus students. *This law affects students who first enrolled for the fall 2014 semester or a subsequent semester and specifies that students must complete the requirement before registering for their second semester at the University.*

What do I need to do?

You must complete a simple six-question questionnaire about possible tuberculosis exposure. This questionnaire can be accessed through *MySBU/Student Life/ Health Services*. For most students, completing the questionnaire will fulfill the requirement and no further action will be necessary.

However, a few students may have possible tuberculosis exposure risk factors found on the required tuberculosis screening questionnaire. If any of the questions are answered with “**yes**”, a Tuberculosis Skin Test is required. If available, provide written documentation of Tuberculosis skin test screening results (TB skin test documented in millimeters of induration) done in the U.S. within the past 12 months or prior Tuberculosis blood test results. If the tuberculosis skin test is negative, you will usually be done with the process at that point. If the tuberculosis skin test is positive, then the SBU Killian Health Center nurse will help you complete further testing and education as needed.

If you have received prior treatment for active Tuberculosis disease or Latent Tuberculosis infection written documentation from your health care provider must be submitted to the SBU Killian Health Center. Those in a high risk category or with questions regarding need for Tuberculosis skin testing please call (417)328-1888.

Tuberculosis Skin testing is available at the SBU Killian Health Center for a fee of \$5.00. To make an appointment for Tuberculosis Skin Test please call 417-328-1888.

What is tuberculosis?

Tuberculosis is a contagious bacterial infection of the lungs or elsewhere in the body. It is common worldwide but rather uncommon in Missouri. Approximately 107 people in Missouri were physically ill with tuberculosis disease in 2011. Another 2,974 Missourians had documented tuberculosis infections in 2011 (i.e., carried the tuberculosis bacteria but did not have symptoms of disease). The population of Missouri exceeds 6 million; thus, only about 1 in 56,000 individuals was diagnosed with tuberculosis disease in 2011. Those with the tuberculosis disease received antibiotic treatment to resolve their disease. Those with the tuberculosis infection received education and an opportunity for preventive antibiotic pills to reduce their risk of developing tuberculosis disease in the future.

Most tuberculosis infections and disease in Missouri now occurs in certain high risk situations. It is very important for you to find out if you might have tuberculosis infection or disease so that helpful medication treatment can be given to reduce your risk and other people's risk.



If you are a current student, with possible tuberculosis exposure risk factors found on your Tuberculosis Screening Questionnaire:

Please contact the SBU Killian Health Center nurse at (417) 328-1888 at your earliest availability to arrange for the Tuberculosis skin test.

If you are an incoming student, with possible tuberculosis exposure risk factors found on your Tuberculosis Screening Questionnaire, and if you are not yet on campus

1. Please contact the SBU Killian Health Center nurse at (417) 328-1888 who will help you complete a tuberculosis test at SBU Killian Health Center or help you make arrangements with your own doctor/public health department or other qualified provider. These test results must be provided to the SBU Killian Health Center nurse as soon as possible. If the test is negative, then you will usually be done with the process at that point.

Whom do I contact if I have more questions about this?

Please feel free to call the SBU Killian Health Center at (417) 328-1888.

Send Health History, Immunization and completed Tuberculosis Screening Questionnaire Records directly to the SBU Killian Health Center via one of the methods below.

Do not submit documents to any other SBU department.

**Killian Health Center -or-
Southwest Baptist University
803 S. Pike Avenue
Bolivar, MO 65613**

Fax: (417) 328-1886 -or-

**E-mail scanned attachments to:
jschmelzle@sbuniv.edu**



Please return completed forms to:

Southwest Baptist University
 Killian Health Center
 803 S. Pike
 Bolivar, MO 65613

HEALTH HISTORY and IMMUNIZATION RECORD

NAME _____

HOME ADDRESS _____
 Street City State Zip Country

CELL PHONE (____) _____ DATE OF BIRTH _____
 Day Month Year

Male: _____ Female _____

EMERGENCY CONTACT INFORMATION (state relationship) _____

NAME _____

ADDRESS _____
 City State Zip Country

(____) _____ (____) _____
 HOME PHONE WORK PHONE

CONFIDENTIAL MEDICAL HISTORY Do you have a past or present history of the following? *Check all that apply*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Intestinal/stomach trouble | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Joint disease | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Measles, Red | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye disease | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Gallbladder trouble | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Sickle Cell Trait/Anemia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Sinus trouble |
| <input type="checkbox"/> Colds | <input type="checkbox"/> Head injury | <input type="checkbox"/> Mumps | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Headache | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Stomach Trouble |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Spleen, surgical removal |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis/jaundice | <input type="checkbox"/> Polio | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia rupture | <input type="checkbox"/> Psychological consult | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Disability | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Other _____ | | | |

Brief explanation of any marked above _____

Medications _____

Drug allergies _____

Other allergies (animals, seasonal, food, etc.) _____

Hospitalizations and/or surgeries _____

FAMILY HISTORY: Place relationship in blank. *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Alcohol/drug abuse _____ | <input type="checkbox"/> Elevated cholesterol _____ |
| <input type="checkbox"/> Bleeding disorder _____ | <input type="checkbox"/> Heart disease _____ |
| <input type="checkbox"/> Cancer/type _____ | <input type="checkbox"/> Hypertension/stroke _____ |
| <input type="checkbox"/> Death before age 50 _____ | <input type="checkbox"/> Mental illness _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Thyroid problem _____ |



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 Killian Health Center
 803 S. Pike
 Bolivar, MO 65613

REQUIRED IMMUNIZATIONS

STUDENT NAME: _____

DATE OF BIRTH _____

PLEASE PROVIDE DATES FOR ALL OF THE FOLLOWING:

DATE RECEIVED: month/day/year

I. MMR (Measles, Mumps, Rubella) Two doses required:

#1 _____

#2 _____

II. Meningococcal Meningitis Vaccine:

#1 _____

Requirement of Missouri State Legislation for all university owned housing

#2 _____

III. Tdap (Tetanus/Diphtheria and Pertussis)

#1. _____

IV. Polio Series

#1. _____

#2. _____

#3. _____

V. DPT (Diphtheria, Pertussis, Tetanus) series

#1. _____

#2. _____

#3. _____

#4. _____

RECOMMENDED IMMUNIZATIONS

I. Hepatitis B

#1. _____

#2. _____

#3. _____

II. Hepatitis A

#1. _____

#2. _____

III. Varicella (chicken pox)

#1. _____

#2. _____

Physician Verification:

Physician Printed Name

Physician Signature

Date

Note: Obtain complete copies of immunization records and attach to this form. Please retain original documentations.

Examples of acceptable documentation include:

- Copies of personal immunization records such as baby book immunization records.
- Copies of physician office or Public Health Department immunization records.
- Copies of high school or previous college immunization records.
- Signature and verification of Physician on the above form.



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Bolivar, MO 65613

REQUIRED TUBERCULOSIS SCREENING QUESTIONNAIRE

NAME: _____ **STUDENT ID#** _____

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

Have you visited one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

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 is YES to any of the above questions, Southwest Baptist University requires that you receive TB testing as soon as possible at your own cost. TB skin testing is offered at the SBU Killian Health Center for a cost of \$5.00. Call 417-328-1888 to schedule an appointment.

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

Note: Missouri Senate Bill No 197 requires all institutions of higher education in Missouri to implement a targeted test on their campuses for all students upon matriculation. Any entering student of an institution of higher education in Missouri does not comply with the targeted testing program shall not be permitted to maintain enrollment.