EMORY UNIVERSITY STUDENT IMMUNIZATION RECORD
1525 Clifton Road, Atlanta, Georgia 30322  404.727.7551

Effective Fall Semester 2003, all incoming Emory students must meet the CDC and American College Health Association immunization guidelines. Please carefully review the Emory immunization requirements and complete the information below. Be sure to have the form verified by the signature of your healthcare provider or enclosure of your official, signed immunization record. If any reason you or your healthcare provider feel that you cannot comply with some or all of Emory’s immunization requirements (including medical contraindications to specific vaccinations), please attach a letter of explanation signed by both you and your healthcare provider. Please also note that if a multi-dose vaccination series has been started prior to arrival at Emory, but not yet completed, it can be completed at the Student Health Service Immunization Clinic. For more information about Emory’s required immunizations, including indications and contraindications, please visit our website at www.emory.edu/UHS/immunize.html.

All Emory students must have the following required immunizations:

1. Measles, Mumps and Rubella Requirement: All students born on or after January 1, 1957 must meet this requirement, either by having been vaccinated against the three diseases (either as the combined vaccine MMR or individual vaccinations against the 3 diseases) or showing laboratory evidence of immunity to all 3 diseases: EITHER

   Measles, Mumps, Rubella (MMR)
   □ Date 1: At 12 month of age or older (provide month, day, year) and
   □ Date 2: At 4-6 years of age or older (provide month, day, year)
   □ OR ALL THREE OF THE FOLLOWING

   Measles (Rubella, Red Measles or Ten-Day Measles) – both doses of vaccine or a positive antibody titer
   □ Date 1: At 12 months of age or older (provide month, day, year) and
   □ Date 2: At 4-6 months of age or older (provide month, day, year), or
   □ Positive Antibody Titer (include copy of lab result)

   Mumps – a single dose of vaccine or a positive antibody titer
   □ Date 1: At 12 months of age or older (provide month, day, year), or
   □ Positive antibody titer (include copy of lab result)

   Rubella (German Measles or Three-Day Measles) – a single dose of vaccine or a positive antibody titer
   □ Date 1: At 12 months of age or older (provide month, day, year), or
   □ Positive antibody titer (include copy of lab result)

2. Tetanus-Diphtheria Requirement: All students must have the basic primary series of 3 doses of Diphtheria and Tetanus Toxoid (DT or Td). These are usually given with Pertussis vaccine (DPT) in infancy. In addition, all students must have a Td booster within the past 10 years.
   □ Primary series of 3 doses of Diphtheria and Tetanus immunizations (provide completion date of series), and
   □ Td booster within the past 10 years

3. Hepatitis B Requirement: All students must have a series of 3 Hepatitis B vaccinations (an initial dose, followed by a dose at 1-2 months and a dose at 4-6 months or later). A post-vaccine antibody titer (to demonstrate immunity) is recommended for students in healthcare fields.
   □ Date 1: Date: / / ; Date 2: Date: / / ; Date 3: Date: / /
   □ Post-vaccine antibody titer (recommended for students in healthcare fields): Positive; Negative

4. Varicella (Chicken Pox) Requirement: All students must have a history of Varicella (chicken pox), a positive Varicella antibody titer or 2 doses of vaccine given at least 1 month apart
   □ History of Varicella (chicken pox): Yes; No
   □ Varicella Antibody (include copy of lab result): Positive; Negative
   □ Varicella Vaccination Dose 1 (provide month, day, year)
   □ Varicella Vaccination Dose 2 (at least one month after Dose 1, provide month, day, year)

5. Tuberculosis Screening Requirement: All Allied Health, Medical and Nursing students and International Students from certain countries with endemic Tuberculosis must meet Emory’s Tuberculosis Screening Requirement. This requirement is in keeping with current CDC guidelines. Please refer to and complete the “Tuberculosis Screening Requirement” section on the next page if you are a member of one of these groups.

   Vaccinations recommended but not required:
   Please note that individual schools may require certain vaccinations on the list below due to increased levels of risk/exposure.

6. Polio Immunization: It is recommended that all students have a certified primary series of polio immunization (oral, inactivated or E-IPV).
   □ Completed primary series of polio immunization. Type: Oral ___ Inactivated ___ E-IPV ___ Completion Date: Month ___ Year ___

7. Meningococcal (Meningitis) Vaccination: Effective January 2004, all new college students living in on-campus housing in the State of Georgia must complete a form either verifying meningitis vaccination or specifically declining vaccination. For more information, visit the EUSHS website at www.emory.edu/UHS/.
   □ Meningococcal Vaccine (provide month, day, year)
   □ Date: / / 

8. Hepatitis A Vaccine (include month, day, year): Date 1: Date: / / ; Date 2: Date: / /

9. Pneumococcal Polysaccharide Vaccine: Date: / / 

10. Other Vaccinations (include month, day, year):

Verification of the above Student Immunization Record by healthcare provider:

Verified by: ___________________________ ( ) Phone: __________

Name/Title of Healthcare Provider: ___________________________ Address: ___________________________

Signature: ___________________________ Date: ___________________________
**TUBERCULOSIS SCREENING REQUIREMENT**

Emory University requires Tuberculosis (TB) screening (PPD skin testing and/or chest x-ray) within 6 months of matriculation of all Allied Health, Medical and Nursing Students and all International Students who have arrived in the United States within the past 5 years from countries in which Tuberculosis is endemic. Allied Health and Medical Students will also need a second PPD (the “two step” PPD process) after their arrival at Emory. Emory’s guidelines are based upon the recommendations of the CDC, the American Thoracic Society and the American College Health Association. Because TB is so common globally, it is easier to list countries of low TB prevalence rather than high. Therefore, all International Students who have arrived in the United States within the past 5 years are required to undergo Tuberculosis (TB) screening EXCEPT those from the following countries:

Canada, Jamaica, St. Kitts and Nevis, St. Lucia, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marcos, Sweden, Switzerland, United Kingdom, American Samoa, Australia or New Zealand

Please complete the information below if you are a member of one of the following groups: Allied Health Student _____ International Student from a country not on the list above _____ Medical Student _____

1. **Tuberculin (PPD/Mantoux test only) Skin Test:**
   - Date Placed: / / 
   - Date Read: / / 
   - Result: _______ (Record actual mm of induration, transverse diameter. If no induration, record as “0 mm.”)
   - Interpretation (based on mm of induration as well as risk factors): Positive _______ Negative _______
   - Chest X-ray (Required if PPD skin test is positive. Please attach a copy of the CXR report): Normal _______ Abnormal _______
   - Date Read: / / 

2. **Treatment:**
   - Have you been treated with anti-tubercular drugs? Yes _____ No _____
   - If yes, type of treatment: _______ Length of treatment: _______

**Verification of the above Tuberculosis Screening by healthcare provider:**

Signed by: __________ Name/Title of Healthcare Provider _______
Address: _______
Phone: _______

**HEALTH INSURANCE INFORMATION**

*(Please attach a copy of your insurance card to this form)*

Insurance Company: _______
Address: _______
Policy Number: _______
Name of Policy Holder: _______
SS# of Policy Holder: _______

☐ Please check this box if you are not currently insured but you intend to buy the Emory-endorsed student health insurance plan.

**CONSENT FOR TREATMENT AND STATEMENT OF ACCURACY**

I hereby consent to receive medical care (or for my minor child or ward under 18 years of age to receive medical care) from Emory University Student Health Services, or from the professional staff of any other Emory Healthcare facility, including but not limited to The Emory Clinic, Emory University Hospital and Crawford Long Hospital of Emory University. I also authorize such treatment, x-rays or other diagnostic studies as, in the judgment of the attending physician, may reasonably be necessary to preserve and protect my health (or the health of my minor child or ward).

By my signature below, I also attest that all statements in this Student Entrance Medical and Immunization Record are true to the best of my knowledge and that I (or my minor child or ward) have (has) no health problems or medical restrictions not listed in this record.

**Signature of Student**

Date: _______

If the student is under 18 years of age, this form must be signed by the parent or guardian:

**Signature of Parent or Guardian**

Date: _______

Please be certain that all questions are answered, all signatures are completed (including the signature of your healthcare provider) and that you have met all applicable Emory University Immunization Requirements. Mail this form to:

**Director of Nursing Services**
Emory University Student Health Services
1525 Clifton Road
Atlanta, GA 30322

This space below is reserved for use by Emory University Student Health Services personnel only

Reviewed by __________ Date Reviewed __________ Date Completed __________
Comments: _______

Date(s) deficiency notice(s) sent: _______

Form revised March 2004