

SALISBURY UNIVERSITY STUDENT HEALTH SERVICES PRE-ENTRANCE IMMUNIZATION RECORD FORM

This form, completed and SIGNED by a health care provider, OR an official copy of your immunizations must be uploaded into the secure Student Health web portal: myhealth.salisbury.edu

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801 • Fax: 410-548-4101 • Email: studenthealth@salisbury.edu

STUDENT NAME: _____ Date of Birth (mm/dd/yy): _____ SU ID #: _____

REQUIRED FOR ALL STUDENTS:			
VACCINE	DOSE 1	DOSE 2	Alternative to MMR vaccine:
Measles-Mumps-Rubella 2 doses given on or after 1st birthday	___/___/___	___/___/___	Measles (rubeola) IgG titer <input type="checkbox"/> Positive Mumps IgG titer <input type="checkbox"/> Positive Rubella IgG titer <input type="checkbox"/> Positive Attach copy of titer results
Tetanus-Diphtheria-Pertussis (Tdap) Single dose of Adult Tdap (Adacel [®] or Boostrix [®]) given at ≥ 11 yrs. of age.	___/___/___		

TUBERCULOSIS SCREENING:

U.S. CITIZENS/PERMANENT RESIDENTS: You must complete the online TB risk screening form found on the secure student web portal (<http://myhealth.salisbury.edu>). If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. The TB test form can be downloaded from the web portal and sent in with this form.

ALL INTERNATIONAL STUDENTS ON VISAS: A TB test is required, regardless of prior BCG vaccine. If you have had a TB skin test, TB blood test or chest x-ray performed in the U.S. within 6 months of arrival to Salisbury University, send this documentation, including official chest x-ray report. If you have ever been treated for a positive TB test or active tuberculosis, include documentation of medication and duration of treatment; and if you have not had a TB test, please have a Quantiferon Gold Test or a T Spot Blood test done and submit documentation via email or upload in Student Health portal.

REQUIRED FOR STUDENTS LIVING IN CAMPUS HOUSING (recommended for any student ≤ 23 yrs. of age):

VACCINE	DOSE 1	DOSE 2	ALTERNATIVE
Meningococcal (Meningitis) ACWY (Menactra [®] , Menveo [®] , or MenQuadfi [®]) Given ≥ 16 years of age	___/___/___	___/___/___	<input type="checkbox"/> Signed Meningitis Immunization Waiver Form – upload in Student Health portal or email to studenthealth@salisbury.edu .

RECOMMENDED FOR STUDENTS ≤ 23 YRS. OF AGE: meningococcal vaccine for serogroup B

VACCINE	DOSE 1	DOSE 2	
MenB-4C (Bexsero [®]) or	___/___/___	___/___/___	
MenB-FHbp (Trumenb [®])	___/___/___	___/___/___	

REQUIRED FOR NURSING AND ALLIED HEALTH STUDENTS (recommended for all students):

VACCINE	DOSE 1	DOSE 2	DOSE 3	ALTERNATIVE
Varicella	___/___/___	___/___/___		Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Hepatitis B	___/___/___	___/___/___	___/___/___	Hep B S Ab titer: <input type="checkbox"/> Positive (Attach copy of titer results)

RECOMMENDED STUDENTS ≤ 26 YRS. OF AGE:

Human Papilloma Virus (HPV)	___/___/___	___/___/___	___/___/___
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EXEMPTION FROM REQUIRED IMMUNIZATIONS:

MEDICAL: Only bona fide medical exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak. Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent.

RELIGIOUS: Student must complete a Vaccine Exemption Form. Form available by calling Student Health Services.

HEALTH CARE PROVIDER (PRINT NAME): _____ DATE: _____

HEALTH CARE PROVIDER SIGNATURE: _____ PHONE: _____

HEALTH CARE PROVIDER ADDRESS: _____

