



## Immunization Form

**For Non-Health Science Programs (Business, Graduate, Law, Public Health, Theology & Undergraduate)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Emory Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### REQUIRED VACCINATIONS

Record Complete Dates: MM/DD/YYYY of Vaccine doses given

<b>MMR (Measles, Mumps, Rubella): 2 doses of MMR OR provide a titer lab report indicating immunity to Measles, Mumps and/or Rubella</b>					
<i>1st vaccine dose after 12 months of age</i>					
<b>MMR</b>	1	2	<input type="checkbox"/> Attach <b>required</b> lab report		
<b>Measles (Rubeola)</b>	1	2	<input type="checkbox"/> Attach <b>required</b> lab report		
<b>Mumps</b>	1	2	<input type="checkbox"/> Attach <b>required</b> lab report		
<b>Rubella</b>	1		<input type="checkbox"/> Attach <b>required</b> lab report		
<b>Hepatitis B: either 3 dose series OR 2 dose series OR a positive QUANTITATIVE Hepatitis B Surface Antibody titer lab report</b>					
<b>Engerix-B</b>	1	2	3	<input type="checkbox"/> Attach <b>required</b> lab report	
<b>Heplisav-B (vaccine available beginning Nov 2017)</b>		1	2	<input type="checkbox"/> Attach <b>required</b> lab report	
<b>Secondary Hepatitis B series</b>		1	2	3	
<b>Varicella: 2 doses of vaccine OR a Varicella IgG positive titer lab report indicating immunity</b>					
<i>1st vaccine dose after 12 months of age. History of disease is not accepted.</i>					
	1	2	<input type="checkbox"/> Attach <b>required</b> lab report		
<b>Tetanus-Diphtheria Pertussis (Tdap or Td): one Tdap required at or after age 11 and a dose of Tdap/Td required within the last ten years of start date</b>					
<b>Tdap</b>		<b>Recent Tdap</b>		<b>Recent Td</b>	
<b>Meningococcal Vaccine ACWY: one dose after 16 years of age (if living on campus)</b>					
	1	2			
<b>Vaccinations Recommended but not Required</b>					
<b>Meningococcal B</b>	1	2	3 (if applicable)		
<b>Polio</b>	Completed primary series Oral ____ or Inactivated ____ Date of last dose ____/____/____				
<b>HPV</b>	1	2	3		
<b>Hepatitis A</b>	1	2			
<b>COVID- 19 (must be WHO approved)</b>					
		<b>Most Recent Dose</b>			
<b>Pfizer</b>					
<b>Moderna</b>					
<b>Other/Brand</b>					
<b>Other Vaccines not listed (BCG, Yellow Fever, Typhoid, Pneumovax, Japanese Encephalitis, Rabies, etc.):</b>					
<b>Vaccine</b>		<b>Vaccine</b>		<b>Vaccine</b>	
<b>Date</b>		<b>Date</b>		<b>Date</b>	
<b>If compliance is achieved with titers, you must attach lab reports to this form.</b>					

**Immunization Form: Emory University Non-Health Sciences**

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**Tuberculosis (TB) Risk Screen****Sections A and B to be completed by student**

<b>Section A: History of TB?</b>		
1. Have you ever had a positive TB screening test? This can include skin test (PPD/TST) or blood test (Quantiferon Gold or T-spot).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section B: At risk for TB? ☒</b>		
2. Have you ever had close contact with persons known or suspected to have active TB disease? ☒	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were you born in one of the countries or territories listed on page 4 that have a high prevalence of TB disease? If so, list country: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had frequent, prolonged visits or lived* in one or more of the countries or territories listed on page 3 with a high prevalence of TB disease? If so, list countr(ies): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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 using drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student signature _____ Date: ___/___/___ ☒		

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

If the answer is **YES** to any of the above questions, Emory University requires that you receive TB testing (IGRA required) as soon as possible within the six months prior to the start of your first semester. See next page.

If the answer is **NO** to all of the above questions, no further testing or further action is required. Go to page 3 for health care provider signature.

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**Tuberculosis (TB) Risk Screen Continued**Section C: To be completed by healthcare provider if **YES** to any questions in Sections A or B.**Section C:**

If patient answered "yes," an IGRA is REQUIRED. History of BCG vaccination does not preclude the testing requirement. If unable to receive a blood test, a TST can be completed.

If a TB Blood test and/or a TST is positive, a chest x-ray is REQUIRED.

Copies of lab reports and radiology reports are required if tests are performed.

**Interferon Gamma Release Assay (IGRA):**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specify Test:  Quantiferon Gold  T-Spot  Attach lab report

**Tuberculin Skin Test (TST)** Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_ mm of induration Interpretation:  Pos  Neg  Attach lab report  
 Neg  Pos  Indeterminate  Borderline  Abnormal

**Chest X-ray:** *required within 6 months of matriculation if IGRA or TST is positive*  Attach Chest X-Ray report

Date of Chest X-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result:  Normal/Neg  Abnormal

**TB Prophylaxis**

If diagnosed with latent TB, did the patient complete a course of medication?   Yes  No

If yes, medication(s): \_\_\_\_\_ When? \_\_\_\_\_

Number of months: \_\_\_\_\_  Attach documentation

**For verification of your immunization information, two steps are required:**

Step 1: Enter the information on this form electronically into the Patient Portal ([www.shspnc.emory.edu](http://www.shspnc.emory.edu))

Step 2: Upload a completed PDF of this form to the Patient Portal. Ensure that the form is signed, all sections are completed, and that you have met all applicable Emory University immunization requirements. (\*\*Preferred Method\*\*)

OR: Scan and email completed form to [immunizations-shs@emory.edu](mailto:immunizations-shs@emory.edu). (We advise using your @emory.edu email address.)

OR: Fax completed form to 404-727-7343

OR: Mail to Emory University Student Health Services, ATTN: Immunization Dept., 1525 Clifton Rd NE, Atlanta, GA 30322

**First and Last Name must be on each page**

Signature of Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM MUST BE COMPLETED, SIGNED AND STAMPED BY YOUR HEALTHCARE PROVIDER**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name and Title \_\_\_\_\_

Address Line \_\_\_\_\_

City/State/ Zip/Phone \_\_\_\_\_

Clinic/Provider Stamp:

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**Countries and Territories with High Incidence of Active Tuberculosis Disease**

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

**Source:** World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rate of > 20 cases per 100,000 population.