



**Student Health Services**  
Campus Life

## Immunization Form

1525 Clifton Rd NE  
Atlanta, GA 30322  
Phone: 404-727-7551  
Fax: 404-727-7343

**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

**MMR (Measles, Mumps, Rubella):** 2 doses of MMR OR provide a titer lab report indicating immunity to Measles, Mumps and/or Rubella

1st vaccine dose after 12 months of age

MMR	1	2	<input type="checkbox"/> Attach <b>required</b> lab report	
Measles (Rubeola)	1	2	<input type="checkbox"/> Attach <b>required</b> lab report	
Mumps	1	2	<input type="checkbox"/> Attach <b>required</b> lab report	
Rubella	1		<input type="checkbox"/> Attach <b>required</b> lab report	

**Hepatitis B:** either 3 dose series or 2 dose series or a positive QUANTITATIVE Hepatitis B Surface Antibody titer lab report

Engerix-B	1	2	3	<input type="checkbox"/> Attach <b>required</b> lab report
Heplisav-B (vaccine available beginning Nov 2017)	1	2		<input type="checkbox"/> Attach <b>required</b> lab report
Secondary Hepatitis B series	1	2	3	

**Varicella:** 2 doses of vaccine OR a Varicella IgG positive titer lab report indicating immunity

1st vaccine dose after 12 months of age. History of disease **is not** accepted.

1	2	<input type="checkbox"/> Attach <b>required</b> lab report
---	---	--

**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

Tdap	Recent Tdap	Recent Td
------	-------------	-----------

**Meningococcal Vaccine ACWY:** one dose after 16 years of age (if living on campus)

1	2
---	---

### Vaccinations Recommended but not Required

Meningococcal B	1	2	3 (if applicable)
Polio	Completed primary series Oral ____ or Inactivated ____ Date of last dose ____/____/____		
HPV	1	2	3
Hepatitis A	1	2	
COVID- 19 (must be WHO approved)	Date of Most Recent Dose		
Pfizer			
Moderna			
Other/Brand:			

**Other Vaccines not listed** (BCG, Yellow Fever, Typhoid, Pneumovax, Japanese Encephalitis, Rabies, etc.):

Vaccine	Vaccine	Vaccine
Date	Date	Date

**If compliance is achieved with titers, you must attach lab reports to this form.**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**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
<b>Student signature</b> _____ <b>Date:</b> ____/____/____		

*\*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.

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**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 if IGRA or TST is positive**

Date of Chest X-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result ☐ Normal/Neg ☐ Abnormal ☐ Attach Chest X-Ray report

**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 Student 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:

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

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

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