

DOWELL HEALTH CENTER

PRE-ENTRANCE IMMUNIZATION RECORD This form must be completed and signed by a health care provider.

Return by mail, fax or email: Dowell Health Center, 8000 YORK ROAD, TOWSON, MD 21252

FAX: 410-704-3715 • EMAIL: Immunizations@towson.edu

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

R=Required S=Suggested	VACCINE	DOSE 1	DOSE 2	Alternative to MMR vaccine: Positive blood antibody titers to each disease; equivocal results are not acceptable proof of immunity:	
R if born after 1956: 2 doses on/after 1st birthday	Measles-Mumps-Rubella	___/___/___	___/___/___	Measles IgG titer: <input type="checkbox"/> Positive Rubella IgG titer: <input type="checkbox"/> Positive Mumps IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results.)	
R—all students Primary series; Tdap booster ≥11 yrs. old	Tetanus-Diphtheria-Pertussis	Primary series completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___		Booster: Tdap at ≥ 11 yrs. old: ___/___/___ If Tdap contraindicated or >10 yrs ago: Td booster within last 10 yrs: ___/___/___	
S—all students ≤21 yrs R on-campus residents	Meningococcal (meningitis)	Conjugate preferred: <input type="checkbox"/> Menactra or <input type="checkbox"/> Menveo: ___/___/___ If primary dose given < age 16, booster dose should be given ≥ age 16 to assure adequate protection during college years. <input type="checkbox"/> Menomune: ___/___/___ Protection wanes after 3 years. If primary dose was given before age 16, give booster dose of Menactra or Menveo at ≥ age 16 to assure adequate protection during college years.			<input type="checkbox"/> Waiver signed and returned to Residence Department
		DOSE 1	DOSE 2	DOSE 3	
R for Nursing Students. Primary series complete OR booster dose at program entry	Polio (IPV or OPV)	___/___/___	___/___/___	___/___/___	<input type="checkbox"/> Polio booster dose acceptable if no proof of primary series: ___/___/___
S—all students R for health professions students	Hepatitis B	___/___/___	___/___/___	___/___/___	<input type="checkbox"/> Positive HepB S Ab titer (Attach copy of results—required for health professions students.)
S—all students	Hepatitis A	___/___/___	___/___/___		
S—all students R for health professions students	Varicella	___/___/___	___/___/___		<input type="checkbox"/> Positive Varicella IgG titer (Attach copy of results—required for health professions students.)
S Females 11-26 Males 9-26	HPV	___/___/___	___/___/___	___/___/___	

Tuberculosis Screening: All U.S. Citizens/Permanent Residents must complete online TB screening form. If risk factors present, health care provider must complete the TB Testing form and return it to the Dowell Health Center.

All International Students on Visas: You must come to the Dowell Health Center upon arrival for a TB testing visit. 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 Towson, bring this documentation with you, including official chest x-ray report. PLEASE DO NOT BRING THE X-RAY FILM. If you have ever been treated for either a positive TB skin test or active tuberculosis, bring documentation of drugs and duration of treatment.

EXEMPTION FROM REQUIRED IMMUNIZATIONS: Exemption may result in quarantine of unimmunized students off campus in the event of a contagious disease outbreak.

Medical Exemption: Health care provider must document the specific vaccine(s) that presents a health risk to the student:

Religious: Student must complete a Request for Exemption. Form is available on Health Center website.

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

HEALTH CARE PROVIDER SIGNATURE: _____

