

TOWSON UNIVERSITY HEALTH CENTER PRE-ENTRANCE IMMUNIZATION RECORD

This form must be completed and signed by a health care provider
 Enter and upload immunizations at <https://tigerhealth.towson.edu>
 For questions email: healthcenter@towson.edu

STUDENT NAME: _____ DATE OF BIRTH (mm/dd/yy): _____ TU ID# _____

| REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON TOWSON MAIN CAMPUS AND AFFILIATED CAMPUSES | | | | |
|--|---------|---------|---|--|
| VACCINE | DOSE 1 | DOSE 2 | Alternative to vaccine: | |
| Measles-Mumps-Rubella (MMR) 2 doses given on or after 1st birthday | _/_/___ | _/_/___ | Positive IgG titers to Measles (Rubeola), Rubella, and Mumps Attach copy of titer results | |
| Tetanus-Diphtheria-Pertussis (Tdap) Single dose of Adult Tdap (Adacel© or Boostrix©) given at ≥ 11 yrs of age AND after 5/2005 (date of FDA licensure). Pediatric DTaP given <11 yrs of age or before 5/2005 NOT acceptable. | _/_/___ | | A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, Td booster within 10 years of start of classes will be accepted. Last Td booster, if Pertussis contraindicated: _/_/___ | |
| TUBERCULOSIS SCREENING: All students must complete the online Tuberculosis Exposure Risk Screening Questionnaire found at https://tigerhealth.towson.edu . | | | | |
| U.S. CITIZENS/PERMANENT RESIDENTS: You must complete the online TB Exposure Risk Screening Questionnaire. 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. **Note: If you were born outside the U.S. you will need the TB blood serology test. ** | | | | |
| ALL INTERNATIONAL STUDENTS ON VISAS: You must come to the Health Center upon arrival at Towson for TB testing visit. A TB test is required, regardless of prior BCG vaccination. A chest x-ray alone is not acceptable. If you have had a TB blood test performed within 6 months of arrival to Towson, bring this documentation with you. If the blood was positive bring the official chest x-ray film. If you have ever been treated for a positive TB test or active tuberculosis, bring documentation of drugs and duration of treatment. You will not be allowed to remain in classes if you do not complete this requirement. | | | | |
| REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING | | | | |
| Meningococcal (Meningitis) (Conjugate vaccine, Menactra© or Menveo©) Given ≥ 16yrs of age.) | _/_/___ | | <input type="checkbox"/> Meningococcal vaccine waiver signed (on Housing application) | |
| REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS (recommended for all students) | | | | |
| VACCINE | DOSE 1 | DOSE 2 | DOSE 3 | |
| Varicella | _/_/___ | _/_/___ | | Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results) |
| Polio (IPV or OPV) | _/_/___ | _/_/___ | _/_/___ | Polio booster dose of IPV acceptable if no proof of primary series: _/_/___ |
| Hepatitis B | _/_/___ | _/_/___ | _/_/___ | Hepatitis B sAb titer : <input type="checkbox"/> Positive (Attach copy of titer results) |
| RECOMMENDED FOR ALL STUDENTS | | | | |
| HPV/Gardasil (Human Papilloma Virus) | _/_/___ | _/_/___ | _/_/___ | |
| Serogroup B Meningococcal Vaccine Circle: Bexsero or Trumenba | _/_/___ | _/_/___ | _/_/___ | |

EXEMPTION FROM REQUIRED IMMUNIZATIONS: Only bona fide medical and religious exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

Medical Exemption: 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 Exemption: Student must complete and have notarized a Request for Exemption detailing religious basis of request. Form is available at the Health Center.

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

HEALTH CARE PROVIDER SIGNATURE: _____ **PHONE #:** _____