

# IMMUNIZATION RECORD

This form is to be completed and signed by your healthcare provider.

All information must be provided in English. The form must be returned to arrive on campus no later than August 1<sup>st</sup>.



WASHINGTON AND LEE UNIVERSITY  
LEXINGTON, VIRGINIA 24450-2116

Return by August 1<sup>st</sup> to:

Student Health Center  
204 W. Washington Street  
Lexington, VA 24450  
PHONE: (540) 458-8401  
FAX: (540) 458-8404  
studenthealth@wlu.edu

Student's LAST Name \_\_\_\_\_ Student's FIRST Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
M D Y

## REQUIRED IMMUNIZATIONS

### A. M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956.)

- Dose 1 given at age 12 months or later ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
- Dose 2 given at least 28 days after first dose ..... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

### B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series and booster in the last ten years. Refer to ACIP for details)

- Primary series of four doses with DTaP, DTP, DT, OR Td: ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y
- Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible) ..... \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
- Booster: Td within the last ten years ..... \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

### C. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

- OPV alone (oral Sabin three doses): ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y
- IPV/OPV sequential: ..... IPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y
- IPV alone (injected Salk four doses): ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

### D. VARICELLA (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, OR two doses of vaccine.)

- History of Disease .....  Yes  No OR Birth in U.S. before 1980?  Yes  No
- Varicella antibody ..... Tested \_\_\_\_/\_\_\_\_/\_\_\_\_ Result:  Reactive  Non-Reactive  
M D Y
- Immunization
  - Dose #1 ..... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
  - Dose #2 given at least 12 weeks after first dose ages 1-12 years ..... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
and at least 4 weeks after first dose if age 13 years or older. M D Y

### E. HEPATITIS B (Three doses of vaccine, OR two doses of adult vaccine in adolescents 11-15 years of age, OR a positive hepatitis B surface antibody meets the requirement.)

- Immunization (hepatitis B)..... Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y  
Adult formulation\_\_\_\_ Adult formulation\_\_\_\_ Adult formulation\_\_\_\_  
Child formulation\_\_\_\_ Child formulation\_\_\_\_ Child formulation\_\_\_\_
- Immunization (Combined hepatitis A and B vaccine) ..... Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y
- Hepatitis B surface antibody: ..... Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Result  Reactive  Non-reactive  
M D Y

### F. MENINGOCOCCAL TETRAVALENT (A,C,Y,W-135) One dose for college first-year students living in residence halls, persons with terminal complement deficiencies or asplenia, and travelers to endemic areas of the world. Non-first-year college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.

- Tetavalent conjugate (Menactra MCV4) ..... Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(preferred; data for revaccination pending; administer simultaneously with Tdap if possible): M D Y
- Tetavalent polysaccharide (Menomune) (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): ..... Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Booster \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y

**G. TUBERCULOSIS SCREENING (1)**

- 1. Does the student have signs or symptoms of active tuberculosis disease?.....  Yes  No
If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
2. Is the student a member of a high-risk group? (2) .....  Yes  No
If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.
3. Tuberculin Skin Test: .....Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_
(Record actual mm of induration, transverse diameter; if no induration, write "0")
Interpretation (based on mm of induration and risk factors): .....  Positive  Negative
4. Chest x-ray ..... Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result:  Normal  Abnormal
(required if tuberculin skin test is positive) M D Y M D Y

(1) The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

(2) Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

**RECOMMENDED IMMUNIZATIONS**

H. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV) (Three doses of vaccine for female college students, 11-26 years of age at 0, 2, and 6 month intervals.) Immunization ..... #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_
M D Y M D Y M D Y

I. INFLUENZA Trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV). Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals.
Immunization ..... Date \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_
M D Y M D Y M D Y M D Y M D Y
TIV \_\_\_ LAIV \_\_\_ TIV \_\_\_ LAIV \_\_\_ TIV \_\_\_ LAIV \_\_\_ TIV \_\_\_ LAIV \_\_\_ TIV \_\_\_ LAIV \_\_\_

**J. HEPATITIS A**

- 1. Immunization (hepatitis A) ..... #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_
M D Y M D Y
2. Immunization (Combined hepatitis A and B vaccine) ..... #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_
M D Y M D Y M D Y

**K. PNEUMOCOCCAL POLYSACCHARIDE VACCINE**

(One dose for members of high-risk groups.).....Date \_\_\_/\_\_\_/\_\_\_
M D Y

HEALTHCARE PROVIDER \_\_\_\_\_
NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
PHONE \_\_\_\_\_ FAX \_\_\_\_\_
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_