

Return by July 31st to:
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WASHINGTON AND LEE
 UNIVERSITY

Lexington, Virginia 24450-2116

IMMUNIZATION RECORD

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

STUDENT'S LAST NAME (Print) _____ FIRST NAME _____ MIDDLE _____ DATE OF BIRTH: ____/____/____
 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.)

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

B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series **AND** booster within the last ten years. See ACIP for details)

- 1. Primary series of four or five doses with DTaP, DTP, DT, OR Td:..... #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____ #5 ____/____/____
 M D Y M D Y M D Y M D Y M D Y
- 2. Booster within the last ten years: Tdap (Adacel or Boostrix) ____/____/____
 M D Y
 (specify type) OR Td (Decavac) ____/____/____
 M D Y

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

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

D. VARICELLA (History of chicken pox, birth in the U.S. before 1980, a positive varicella antibody test OR two doses of vaccine.)

- 1. History of disease Yes OR Birth in U.S. before 1980? Yes
- 2. Varicella antibody Date tested ____/____/____ Result: Reactive Non-Reactive
 M D Y
- 3. Immunization
 a. Dose #1 #1 ____/____/____
 M D Y
 b. Dose #2 given at least 4 weeks after first dose #2 ____/____/____
 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.)

- 1. 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 _____
- 2. Immunization (Combined hepatitis A and B vaccine)..... Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
 M D Y M D Y M D Y
- 3. Hepatitis B surface antibody: Date tested ____/____/____ Result Reactive Non-reactive
 M D Y

F. MENINGOCOCCAL QUADRIVALENT (A,C,Y,W-135) Two dose primary series (if started before age 16) or single dose (if given at or after age 16) for all first-year college students living in residence halls. All incoming college students age 21 or younger should have a dose no more than 5 years before enrollment. Other students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease, but vaccination is optional for these students. Quadrivalent polysaccharide vaccine is an acceptable alternative if conjugate vaccine is not available.

- 1. Quadrivalent meningococcal conjugate vaccine: #1 ____/____/____
 M D Y
- 2. Dose #2 (at least 8 weeks after first dose) if initial dose given before age 16, or for persons with ongoing risk: #2 ____/____/____
 M D Y

STUDENT'S LAST NAME (Print) _____

FIRST NAME _____

MIDDLE _____

DATE OF BIRTH: ____/____/____
M D Y

RECOMMENDED IMMUNIZATIONS

G. HUMAN PAPILLOMAVIRUS (For both males and females; Two doses of vaccine if started between 9-14 years of age, or three doses of vaccine if started between 15-26 years of age, at 0, 1-2, and 6 month intervals.)

Specify Quadrivalent (HPV4) ____ or 9-valent (HPV9) ____ Immunization Dates: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

H. INFLUENZA Trivalent or quadrivalent inactivated influenza vaccine (TIV or QIV) or live attenuated influenza vaccine (LAIV).

Annual immunization recommended for all college students 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
(Most recent dose)

I. HEPATITIS A

1. Immunization Date (hepatitis A) #1 ____/____/____ #2 ____/____/____
M D Y M D Y

or
2. Immunization Date (Combined hepatitis A and B vaccine) #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

J. MENINGOCOCCAL B VACCINE

Young adults aged 16-23 may be vaccinated with either a 2-dose series of Bexsero or a 2 or 3-dose series on Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The same vaccine product must be used for all doses: Bexsero #1 ____/____/____ #2 ____/____/____ or Trumenba #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y M D Y M D Y

REQUIRED TUBERCULOSIS SCREENING

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.

2. Is the student a member of a high-risk group? (*) Yes No
If **No**, stop. If **Yes**, place tuberculin skin test or draw blood for IGRA testing. A history of BCG vaccination should not preclude testing of a member of a high-risk group, but IGRA is preferred.

3. Tuberculin Skin Test: Date Given: ____/____/____ Date Read: ____/____/____ Result: _____
M D Y M D Y (Record mm of induration; if no induration, write "0")

TST interpretation (based on mm of induration and risk factors): Positive Negative

4. IGRA: Date: ____/____/____ Result: Negative ____ Positive: ____ Indeterminate: ____
M D Y

5. Chest x-ray Date of chest x-ray: ____/____/____ Result: Normal Abnormal
(required if TST or IGRA is positive) M D Y

(*)High risk groups include those students who were born in, or who have had frequent or prolonged visits to countries where TB is endemic. See World Health Organization Global Health Observatory, Tuberculosis Incidence, list of countries with incidence rates of ≥ 20 cases per 100,000 population. For current listing of such countries refer to <http://apps.who.int/gho/data/node.main.1320>.

Other categories of high-risk students include those with recent close contact with someone with infectious tuberculosis; with HIV infection/AIDS; 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, leukemia or lymphoma, low body weight, gastrectomy or jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy, immunosuppressive therapy or other immunosuppressive disorders.

HEALTHCARE PROVIDER NAME _____

ADDRESS _____

PHONE _____ FAX _____

SIGNATURE _____ DATE _____