

BLUFFTON UNIVERSITY IMMUNIZATION REQUIREMENTS

Name: _____ Date of Birth: ____/____/____

REQUIRED FOR ALL STUDENTS, both residential and commuter students on campus.

IMPORTANT ! You MAY NOT move in on campus OR attend classes without these immunizations.

1. TETANUS / DIPHTHERIA/ PERTUSSIS VACCINE (Tdap)

Booster within the last 10 years Date: ____/____/____

2. MEASLES, MUMPS, RUBELLA VACCINE (MMR)

• Two doses required Dose #1: ____/____/____ Dose #2: ____/____/____
If you are NOT certain you are immunized you can have a blood test called a 'titer' to check for immunity to each disease.

1) Measles Date: ____/____/____

2) Mumps Date: ____/____/____

3) Rubella Date: ____/____/____

3. VARICELLA VACCINE (Chickenpox)

• Two does required Dose #1: ____/____/____ Dose #2: ____/____/____

-OR- Month and Year you had the Chickenpox ____/____

4. MENINGOCOCCAL VACCINE (given between ages 16 to 21 yrs.) Date: ____/____/____

Have you received this vaccine? YES _____ NO _____

ADDITIONALLY, the following immunizations ARE RECOMMENDED due to close living conditions in college but are voluntary in Ohio. In order to live in residence halls students must provide the following information.

Have you had these vaccines:

Yes ----- No ----- HEPATITIS A (two dose series) Dose #1: ____/____/____ Dose #2: ____/____/____

Yes ----- No ----- HEPATITIS B (three-dose series)
Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3 ____/____/____

ANNUAL INFLUENZA VACCINE (yearly)

"The information provided regarding my/ my student's vaccination status is accurate and being provided in compliance with the Ohio Revised Code, Section 3701.113, (B)."

Signature (Student / Parent, if student is under 18 years of age):

DATE _____

Name: _____

TUBERCULOSIS (TB) SCREENING/TESTING

- IMPORTANT: If the answer is YES to any of the 5 questions listed below, BLUFFTON UNIVERSITY requires that a health care provider complete a Tuberculosis Risk Assessment on the following page PRIOR to attending classes; within 6 months prior to the start of classes.**
- If the answer is to all 5 questions below is "NO",
Then NO further testing or further action is required.**

Please answer the following 5 TB screening questions:

1. Have you ever had a positive TB skin test? Yes _____ No _____
2. Have you ever had close contact with anyone who was sick with TB? Yes _____ No _____
3. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?
(If yes, please circle the country listed below) Yes _____ No _____
4. Have you ever traveled* to/in one or more of the countries listed below? Yes _____ No _____
5. Have you ever been vaccinated with BCG? (Tuberculosis vaccine) Yes _____ No _____

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Cook Islands	Kazakhstan	Nigeria	Syrian Arab Republic
Algeria	Côte d'Ivoire	Kenya	Pakistan	Tajikistan
Angola	Croatia	Kiribati	Palau	Thailand
Argentina	Democratic People's	Kuwait	Panama	The former Yugoslav
Armenia	Republic of Korea	Kyrgyzstan	Papua New Guinea	Republic of
Azerbaijan	Democratic Republic of	Lao People's	Paraguay	Macedonia
Bahrain	the Congo	Democratic Republic	Peru	Timor-Leste
Bangladesh	Djibouti	Latvia	Philippines	Togo
Belarus	Dominican Republic	Lesotho	Poland	Tonga
Belize	Ecuador	Liberia	Portugal	Trinidad and Tobago
Benin	El Salvador	Libyan Arab Jamahiriya	Qatar	Tunisia
Bhutan	Equatorial Guinea	Lithuania	Republic of Korea	Turkey
Bolivia (Plurinational	Eritrea	Madagascar	Republic of Moldova	Turkmenistan
State of)	Estonia	Malawi	Romania	Tuvalu
Bosnia and Herzegovina	Ethiopia	Malaysia	Russian Federation	Uganda
Botswana	French Polynesia	Maldives	Rwanda	Ukraine
Brazil	Gabon	Mali	Saint Vincent and the	United Republic of
Brunei Darussalam	Gambia	Marshall Islands	Grenadines	Tanzania
Bulgaria	Georgia	Mauritania	Sao Tome and Principe	Uruguay
Burkina Faso	Ghana	Mauritius	Senegal	Uzbekistan
Burundi	Guam	Micronesia (Federated	Serbia	Vanuatu
Cambodia	Guatemala	States of)	Seychelles	Venezuela (Bolivarian
Cameroon	Guinea	Mongolia	Sierra Leone	Republic of)
Cape Verde	Guinea-Bissau	Montenegro	Singapore	Viet Nam
Central African	Guyana	Morocco	Solomon Islands	Yemen
Republic	Haiti	Mozambique	Somalia	Zambia
Chad	Honduras	Myanmar	South Africa	Zimbabwe
China	India	Namibia	Sri Lanka	
Colombia	Indonesia	Nepal	Sudan	
Comoros	Iraq	Nicaragua	Suriname	
Congo	Japan	Niger	Swaziland	

Source: World Health Organization, Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata/?vid=510>

"The above information I have provided is true."

Signature (Student / Parent, if student is under 18 years of age:

DATE

Take this to your health provider and DO THIS ONLY if you answered “YES” to any questions on page 2.

HEALTH PROVIDERS: Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

TUBERCULOSIS (TB) RISK ASSESSMENT, from CDC guidelines

- | | |
|---|--------------------|
| Recent close contact with someone with infectious TB disease | Yes _____ No _____ |
| Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America) | Yes _____ No _____ |
| Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease | Yes _____ No _____ |
| HIV/AIDS disease or treatment | Yes _____ No _____ |
| Organ transplant recipient | Yes _____ No _____ |
| Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF- α antagonist) | Yes _____ No _____ |
| History of illicit drug use | Yes _____ No _____ |
| Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities) | Yes _____ No _____ |
| Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)] | Yes _____ No _____ |

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____

If No, proceed to 2 or 3.

If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ____/____/____ Date Read: ____/____/____
M D Y M D Y

Result: _____ mm of induration **Interpretation: positive _____ negative _____

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT T-Spot other _____
M D Y

Result: negative _____ positive _____ indeterminate _____ borderline _____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal _____ abnormal _____

**Interpretation guidelines

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- α antagonist
- Persons with HIV/AIDS

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

>10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive:

- Persons with no known risk factors for TB disease

HEALTH CARE PROVIDER/ Date

