



IMMUNIZATION VERIFICATION
2017-2018
FORM A

This form is required by Quibin Student Health Services at Rivier University for all resident and half-time commuter students, and does not replace other forms that may be required by specific departments.

Check one: I am a resident, or commuter student.

Name of Student

Date of Birth Last Four Digits of Social Security #

Home Address

Street and number

City,

State,

Zip Code

REQUIRED VACCINES: The following three immunizations are required by Rivier University Health Services for all resident students and half-time commuter students:

1 - MMR (Measles, Mumps, Rubella) two doses Date Date

2 - *Tetanus/Diphtheria (Tdap recommended) (within ten years) Date

3 - *Meningitis Vaccine Date

Tetavalent conjugate preferred; tetavalent polysaccharide acceptable alternative if conjugate not available *Efforts should be made to administer Tdap and tetavalent meningococcal conjugate (MCV4) simultaneously, if both are indicated (American College Health Association (ACHA) 2008.

I have discussed with my Primary Care Provider and understand the risks and benefits of the meningitis vaccine and I have chosen to decline the vaccine at this time.

By checking this box and typing my name below, I am electronically confirming my decline of the meningitis vaccine at this time.

Signature Date

Parent or Guardian Signature Date (if student is under 18)

RECOMMENDED Vaccines:

Hepatitis B #1 #2 #3 Or date of Hepatitis B titer

Gardasil Vaccine (females: cervical cancer)

#1 #2 #3

2 months later 6 months after #1

FORM A CONTINUED – TUBERCULOSIS SCREENING

Required of all resident students, all international students, and half-time commuter students

Student Name _____ **Date of birth (mm/dd/yy)** _____

Home Address _____

Street and number

City,

State,

Zip Code

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, or is the student entering the health professions? Yes _____ No _____

If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative (PPD) tuberculin containing 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:** ____/____/____
M D Year M D Year

Result: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0") Interpretation (based on mm of induration as well as risk factors): positive _____ negative _____

4. Chest X-ray (**required if tuberculin test is positive**) result: normal _____ abnormal _____ Date given: ____/____/____
M D Year

Health Care Provider

I have verified the above immunization dates.

____ By checking this box and typing my name below, I am electronically verifying the student immunizations are up-to-date.

Name of Health Care Provider (print) _____

Address _____ **Phone (____)** _____

Signature _____ **Date** _____

American College Health Association, P.O. Box 28937, Baltimore, MD 21240-8937. (410) 859-1500 / www.acha.org Prepared by the ACHA Vaccine Preventable Diseases Committee.

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 of Disease Control and the American Thoracic Society. For more information, visit www.achr.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/hchstp/tb/pubs/corecurr/.

2. Categories of high-risk students include those students who have arrived within the past five 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, St. Kitts and Nevis, St. 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, 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.

Submission deadline: August 15 (Fall Students). Email to: healthservices@rivier.edu

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