**RHODES IMMUNIZATION RECORD**

**Page 1 of 4**

Students and parents; please read the information on Hepatitis B and Meningitis Vaccines. Fill in the dates vaccines were received or sign the waivers.

Return this form to Rhodes College, Student Health Center

2000 N. Parkway, Memphis, TN 38112

Health-forms@rhodes.edu

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rhodes ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The General Assembly of the State of Tennessee mandates that each post-secondary institution in the state provide information concerning Hepatitis B infection to all students entering the institution for the first time. Those students who will be living in on-campus housing must also be informed about the risk of meningococcal infection. The required information below includes the risk factors and dangers of each disease as well as the information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and Prevention and the American College Health Association.

**The TN law requires that all new in-coming students either receive the vaccinations (as outlined below) or sign a waiver indicating that they do not wish to receive the vaccines.**

**A. Hepatitis B (HBV) Immunization [TO BE COMPLETED BY ALL NEW IN-COMING STUDENTS - MANDATORY]**

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injection drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be administered to complete the series if only one or two have been previously received. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

\_\_\_\_\_ I hereby certify that I have read this information and **I have received the initial dose of the Hepatitis B vaccine. Supply vaccine information on the health questionnaire.**

\_\_\_\_\_ I hereby certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

Signature of **Student** (or **Parent/Guardian** if student is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Meningococcal Meningitis Vaccine [TO BE COMPLETED BY ALL NEW INCOMING STUDENTS- MANDATORY]**

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness or death. There are 5 subtypes (serogroups) of the bacterium that causes Meningococcal Meningitis. There are two vaccines available; one stimulates protectice antibodies to serogroup B and another protects against the most common strains of the disease, serogroups A, C, Y and W-135. The duration of protection is approximately 3 to 5 years for **Menomune** and even longer for the conjugate vaccine **Menactra**. The vaccines are very safe and adverse reactions are almost always mild and local, consisting primarily of redness and pain at injection site lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshman (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also chose to be vaccinated.   
***Vaccine for serogroups A, C, Y, and W:***\_\_\_\_\_ I hereby certify that I have read this information and **I have received the vaccine for Meningococcal Meningitis (A, C, Y, W). Supply vaccine information on the health questionnaire.**\_\_\_\_\_ I hereby certify that I have read this information and **I have elected NOT to receive the vaccine for Meningococcal Meningitis.  
*Vaccine for serogroup B:***\_\_\_\_\_ I hereby certify that I have read this information and **I have received the vaccine for Meningococcal Meningitis (B). Supply vaccine information on the health questionnaire.**\_\_\_\_\_ I hereby certify that I have read this information and **I have elected NOT to receive the vaccine for Meningococcal Meningitis.**

Signature of **Student** (or **Parent/Guardian** if student is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For more information about Meningococcal Meningitis and hepatitis B disease and vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention web site at www.cdc.gov.**

**RHODES IMMUNIZATION RECORD**

**Page 2 of 4**

This form MUST be completed and signed by your physician. All information must be in English.

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Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rhodes I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| REQUIRED IMMUNIZATIONS | DATE AMINISTERED (MM/DD/YR) |
| 1. TETANUS-DIPHTHERIA-PERTUSSIS (required for all students)   **dT booster within 10 years………………………………………………**  OR  **Tdap within past 10 years………………………………………………..** | \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  **OR**  \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ |
| 1. HEPATITIS B (waiver or vaccination required)   **Dose #1…………………………………………………………………..**  **Dose #2 (1-2 mo after 1st)……………………………………………….**  **Dose #3 (4-6 mo after 1st)……………………………………………….** | **#1**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  **#2**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  **#3**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ |
| 1. M.M.R. (MEASLES, MUPMS, RUBELLA)   **(Two doses required at least 28 days apart for students born after 1956)**  **1. Dose 1 given at age 12 months or later…………………………….**  **2. Dose 2 given at least 28 days after first dose……………………….** | **#1**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  **#2**\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ |
| 1. MENINGOCOCCAL (waiver or vaccination required)   **Should be repeated every 5 years if risk persists (i.e. travel needs)** | **Menactra** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ **OR**  **Menomune** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ **Serogroup B** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ |
| 1. POLIO (primary series required for all students)   **Date of last dose…………………………………………………………** | **□IPV**  \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ **□OPV** |
| 1. VARICELLA   **History of disease Yes□ No□**  **If No History of Disease:**  **1. Varicella Antibody Titer \_\_\_\_-\_\_\_\_-\_\_\_\_ Result: Positive\_\_\_\_Negative\_\_\_\_**  **OR**  **2. Immunization required if titer negative and no disease history**  **Dose #1……………………………………………………………**  **Dose #2 given at least 4 weeks after 1st………………………….** | **#1 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**  **#2 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_** |
| RECMMENDED IMMUNIZATIONS | DATE ADMINISTERED (MM/DD/YR) |
| 1. HUMAN PAPILLOMAVIRUS VACCINE (HPV2 or HPV4)   (three doses of vaccine for female or male college students 11-26 years of age at 0, 1-2, and 6 month intervals) | **#1 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ □Quadrivalent**  **#2 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ (HPV4) OR**  **#3 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ □Bivalent (HPV2)** |
| 1. HEPATITIS A (strongly recommended for all students, but not required)   **Dose #1…………………………………………………………………**  **Dose #2 (given 6-12 mo after first)....…………………………………** | **#1 ­\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**  **#2 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_** |

**Examining Physician**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RHODES IMMUNIZATION RECORD**

**Page 3 of 4**

This form is to be completed by the incoming student or parent. All information must be in English.

Return this form to Rhodes College, Student Health Center

2000 N. Parkway, Memphis, TN 38112

Health-forms@rhodes.edu

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuberculosis (TB) Screening Questionnaire:**

Please answer the following questions:

Have you ever had a positive TB skin test? Yes \_\_\_ No \_\_\_

Have you ever had close contact with anyone who was sick with TB? Yes \_\_\_ No \_\_\_

Have you ever been vaccinated with BCG? Yes \_\_\_ No \_\_\_

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? Yes \_\_\_ No \_\_\_

(If yes, please CIRCLE the country)

Have you ever traveled\*\* to/in one or more of the countries listed below? Yes \_\_\_ No \_\_\_

(If yes, please CHECK the country/ies)

Have you been a resident, employee, or volunteer in a high-risk congregate setting? Yes \_\_\_ No \_\_\_

(correctional facilities, nursing homes, homeless shelters, hospitals, other health care facilities)

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

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

**If the answer is YES *to any* of the above questions,** a physician **MUST** complete page 4 of the Immunization Record.

**If you answered NO *to all* of the above questions,** do **NOT** complete page 4.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RHODES IMMUNIZATION RECORD**

**Page 4 of 4**

This form **MUST** be completed and signed by your physician if you answered **YES** to any of the questions on page 3. All information must be in English.

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Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUBERCULSIS (TB) RISK ASSESSMENT**

Persons with any of the risk factors from page 3 of the Immunization Record, are required to have either a TB skin test (PPD) or Interferon Gamma Release (IGRA). If a previous positive test has been documented, please provide proof of a current normal chest x-ray or documentation of treatment.

**Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_\_\_ No** \_\_\_\_\_

**1. 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\_\_\_\_

**\*\*Interpretation guidelines**

**>5 mm is positive: >10mm is positive:**

· Recent close contact of an individual · Persons born in a high prevalence country or who resided in

with infectious TB one for a significant\* amount of time

· Persons with fibrotic changes on a prior chest · History of illicit drug use

x-ray consistent with past TB disease · Mycobacteriology laboratory personnel

· Organ transplant recipients · History of resident, worker or volunteer in high-risk

· Immunosuppressed persons: taking > 15mg/d congregate settings

of prednisone for > 1 month; taking a TNF-a · Persons with the following clinical conditions: silicosis,

antagonist diabetes mellitus, chronic renal failure, leukemias and

· Persons with HIV/AIDS lymphomas, head, neck or lung cancer, low body weight

(>10% below ideal), gastrectomy or intestinal bypass, chronic

malabsorption syndromes

**>15mm is positive:**

· Persons with no known risk factors for TB disease

**2**. **Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_/\_\_\_/\_\_\_ (specify method) QFT-G QFT-GIT other\_\_\_\_\_

M D Y

Result: Negative\_\_\_ Positive\_\_\_ Intermediate\_\_\_

If the results are positive, proceed to 3

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

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal\_\_\_\_ abnormal\_\_\_\_\_

M D Y

**Examining Physician**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_