Clark Atlanta University
Student Health Services
Immunization/ Tuberculosis Screening Record

PART I
Name ________________________________________________________________
Last, First, M.I
Telephone Number
Address ____________________________________________________________
______________________________________________________________
Street City State Zip
Date of Enrollment /       Date of Birth /       School ID# ______________________________
M      Y          M      D           Y
Status: Part-time _____ Full-time _____ Graduate _____ Undergraduate _____

PART II: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.
All information must be in English.

A. MMR (MEASLES, MUMPS, RUBELLA)(Required)
(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
OR positive antibody titer(blood test) lab report required

B. MENINGOCOCCAL QUADRIVALENT(Required) Polysaccharide acceptable
(A, C, Y, W-135) One or 2 doses for all college students; revaccinate every 5 years if increased risk continues.
1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible).
   a. Dose #1 / / M       D           Y  b. Dose #2 / / M       D           Y
2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available).
   Date / / M       D           Y

C. TETANUS, DIPHTHERIA, PERTUSSIS(Required) (Must be within the last ten years)
   Date of most recent booster dose: / / M       D           Y  Type of booster: Td Tdap
   Tdap booster recommended for ages 11-64 unless contraindicated

D. Additionally, the following vaccines are strongly recommended for all students
1. Varicella: / / M       D           Y
2. Hepatitis A: / / M       D           Y
3. Hepatitis B: / / M       D           Y
4. Influenza: / / M       D           Y
5. Meningitis B: / / M       D           Y

Rev. 06/2017
E. TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by health care provider)

**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: ___/___/____ Time:
Date Read: ___/___/____ Time:

Result: ______ mm of induration       **Interpretation: positive____ negative____

Interferon Gamma Release Assay (IGRA): (specify method) QFT-GIT   T-Spot   other____

Result: negative___   positive___   indeterminate___   borderline___ (T-Spot only)

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

Date of chest x-ray: ___/___/____ Result: normal____ abnormal____

F. Medical Exemption:(Attach Verification by Healthcare Provider)

☐ Exemption on grounds of permanent medical contraindication

☐ Exemption on grounds of temporary medical contraindication- Expected end date ___/___/____

G. Religious Exemption:

☐ I affirm that immunizations as required by Clark Atlanta University are on conflict with my religious beliefs. I understand that I am subject to exclusion in the event of a disease for which immunization is required. (Attach Notarized Affidavit)

Notice: Permission is hereby granted for Clark Atlanta University Health Services staff and/or their consultants to carry out indication medical and surgical treatment. Major surgery or illness cases are transferred to other Atlanta area hospitals. Permission will be sought by the hospital and attending private physician prior to surgery and/or treatment.

Signature of Student or Parent (If student is under the age of 18)       Date

---

HEALTH CARE PROVIDER

Name ____________________________ Signature ____________________________
Address ____________________________ Phone (__________) ____________________________

---

PLEASE RETURN COMPLETED FORM TO:

Student Health Services
Clark Atlanta University
223 James P. Brawley Drive
Atlanta, GA 30314

Phone: 404-880-8322   Fax: 404-880-6010