



# 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    /   /         b. Dose #2    /   /     
M D Y      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:    /   /         Type of booster:    Td \_\_\_\_\_    Tdap \_\_\_\_\_  
M D Y      *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    M D Y
2. Hepatitis A:    /   /    :    /   /     
M D Y    M D Y
3. Hepatitis B:    /   /    :    /   /    :    /   /     
M D Y    M D Y    M D Y
4. Influenza:    /   /     
M D Y
5. Meningitis B:    /   /    :    /   /     
M D Y    M D Y

