Tulane University

Graduate School of Public Health and Tropical Medicine
Proof of Immunization Compliance

STUDENT COMPLETES

Name: _____ DOB: Month ____ Day____ Year ____
Please Print (Last) (First) (M I)

SS Number: |___|___|___|-|___|___|-|___|___|___|___| Phone #: _____

ID Number: |___|___|___|- 0 0 -|___|___|___|___| Gender: Male Female

School: Public Health ☐ Social Work ☐ Other ☐ Country of Birth: _____

Email: _____ Country of residence: _____

List all allergies to medications; listing an allergy SHOULD INCLUDE type of reaction:

Allergic to: **Reaction type:**

PROVIDER COMPLETES REQUIRED RECOMMENDED

HEALTH CARE PROVIDER VERIFICATION

PLEASE GIVE YOUR PATIENT ANY MISSING IMMUNIZATIONS FOLLOWING REQUIREMENTS LISTED ON OTHER SIDE. *ALL TITERS MUST BE ACCOMPANIED BY LAB CONFIRMATION*

I. MEASLES, MUMPS, RUBELLA

#1 _____ (mo/day/yr) #2 _____ (mo/day/yr) or *#3 Titer* _____ (mo/day/yr)

II. TETANUS-DIPHTHERIA-PERTUSSIS **required within 10 years** **Tdap or Td** _____ (mo/day/yr)

III. TUBERCULOSIS TESTING -- Required for students coming from areas of high tuberculosis transmission (such as Central and South America, Asia, and Pacific Islands, Sub-Saharan Africa, peoples Republic of China, Korea, Philippines, Vietnam, India, Haiti and Mexico.) **(MANTOUX)** *within 12 months prior to registration at Tulane.* (TINE test is not acceptable.)

MANTOUX skin test for tuberculosis: Date Given: _____ (mo/day/yr) Date Read: _____ (mo/day/yr)

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 _____

Chest x-ray (required if tuberculin skin test is positive*) result: normal _____ abnormal _____
Date of chest x-ray: _____ (mo/day/yr) ***If PPD was positive, results of chest X-ray and description of prophylactic treatment by physician should be submitted on physician's letterhead with this document.**

IV. MENINGOCOCCAL:

Menactra _____ (mo/day/yr) OR Menveo _____ (mo/day/yr)

V. HEPATITIS B VACCINE SERIES: Recommended for all adolescents prior to college entry, it is a series of three doses (0, 1, and 6 months.)

#1 _____ (mo/day/yr) #2 _____ (mo/day/yr) #3 _____ (mo/day/yr)

or *#4 Titer* _____ (mo/day/yr) *Result* _____

VI. OTHER VACCINES: ie, HEP A, VARICELLA

_____

_____
(Signature of physician or other health care provider)

_____
(PRINT name of physician or other health care provider

Clinic stamp here:

REQUEST FOR EXEMPTION FROM IMMUNIZATION:

You *MUST* see the attendant nurse to request exemption for medical or personal reasons.

☐ Medical reasons ☐ Personal reasons

State reasons: _____

I understand that if I claim exemption for any reason, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or I submit proof of immunization. If I am not 18years of age my legal guardian must sign below.

_____ _____
(Student's signature) (Date) (Parent or Guardian, if required) (Date)

TO THE PHYSICIAN OR OTHER MEDICAL PROVIDER

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, ACT 251 and 711, and, these meet the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics; the Advisory Committee on Immunization Practices to the United States Public Health Service; and the American College Health Association.

Measles, Mumps, Rubella requirement: *Two (2) doses of live vaccine required for all students born after 1956*. The vaccine **must** *have been given, on, or after the first birthday.* A second dose measles vaccine must meet the same requirement, but should not have been given with 30 days of the first dose.

Tetanus-Diphtheria requirement: A booster dose of vaccine given with the past ten (10) years. Since 2006, 1 booster dose including pertusis is recommended. Student can be considered to have completed a primary series earlier in life, unless they state otherwise.

Tuberculosis (Mantoux) Skin Test: It is required for students coming from areas of high tuberculosis transmission (such as Central and South America, Asia, and Pacific Islands, Sub-Saharan Africa, peoples Republic of China, Korea, Philippines, Vietnam, India, Haiti and Mexico) have a **(Mantoux)** skin test *within 12 months prior to registration at Tulane.* (TINE test is not acceptable.) The test is read in *millimeters of induration, perpendicular to the long axis of the forearm.* If the TB test was positive, results of Chest X-ray and a description of the treatment should be submitted on physician's letterhead along with this document.

Hepatitis B Vaccine: (not required by law for college entrance) series of (3) doses, given at 0, 1 month, and 6 months, prior to college entry. Partial vaccination should be noted on the front of this form.

Meningococcal Meningitis Vaccine: *(Required by Louisiana law for all college freshmen.)* Not required of Deming residents.

RETURN OR FAX THIS FORM TO:
Student Health Center
127 Elk Place, EP-3
New Orleans, LA 70112
FAX: 504.988.3217

IMPORTANT:
Make a copy of this form for your personal record.

!! REMEMBER !!
YOU WILL NOT BE PERMITTED TO REGISTER UNTIL YOU COMPLETE AND RETURN THIS FORM.