

REQUIRED IMMUNIZATION RECORD

To Be Completed By Health Care Provider

Name: _____ Date of Birth: _____

Student ID #: _____

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED BY RI DEPARTMENT OF HEALTH FOR ALL STUDENTS

- DPT/DT/TDAP** Must have one (1) Tdap & also last dose of Td or Tdap must be within last 10 years
- MMR** Two doses of MMR (Measles, Mumps, Rubella) both given after 12 months of age, or disease confirmed by office record or positive titre
- VARICELLA (chicken pox)** One dose after 1 year of age, or two doses after 13 years of age, or disease confirmed by office record or positive titre
- HEPATITIS B** Three doses Hepatitis B vaccine required, or positive titre (or two adult doses between the ages of 11-15)
- MENINGITIS VACCINE** One dose of meningococcal conjugate (MCV₄) vaccine is required for students previously unvaccinated (under 22 years of age). A second booster dose is required if the first dose was given before 16 years of age.

THE FOLLOWING VACCINES ARE REQUIRED INCLUDING DATES (MM/DD/YY) OF IMMUNIZATIONS OR POSITIVE TITRE.

IMMUNIZATION					Date of Td booster within 10 years	OR	Tdap booster within 10 years
DPT/TD	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____		____/____/____
MMR <small>*2 doses required</small>	____/____/____	____/____/____	____/____/____	MMR Titre Date and Results ____/____/____	Titre Results		
Measles			Date of Disease ____/____/____	Measles Titre Date and Results ____/____/____	Titre Results		
Mumps			Date of Disease ____/____/____	Mumps Titre Date and Results ____/____/____	Titre Results		
Rubella			Date of Disease ____/____/____	Rubella Titre Date and Results ____/____/____	Titre Results		
Hepatitis B	____/____/____	____/____/____	____/____/____	Hepatitis B Titre Date and Results ____/____/____	Titre Results		
Varicella	____/____/____	____/____/____	Date of Disease ____/____/____	Varicella Titre Date and Results ____/____/____	Titre Results		
Meningococcal Vaccine (MCV ₄)	____/____/____	____/____/____					

THE FOLLOWING VACCINES ARE STRONGLY RECOMMENDED BUT NOT REQUIRED.

HPV Vaccine	____/____/____	____/____/____	____/____/____
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TUBERCULIN SKIN TEST - PPD (Mantoux) required within the past year if high risk.
Risk Assessment: Must complete tuberculosis questionnaire insert to determine risk.

IGRA/QUANTIFERON RESULT _____
Date

LOW RISK. PPD not required.

HIGH RISK.

BCG VACCINE: _____
Date

PPD (MANTOUX)

Date Given	Date Read	Results		Chest X-ray (if PPD is positive)
____/____/____	____/____/____			Date:
____/____/____	____/____/____			Results:
____/____/____	____/____/____			Treatment:

HEALTH PROVIDER INFORMATION:

Name (print): _____ Phone Number: _____

Address: _____

Signature of Health Provider: _____ Date: _____

Patient Name: _____

DOB: _____

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

PART I: TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE (TO BE COMPLETED BY INCOMING STUDENTS)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? YES NO

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) YES NO

Afghanistan	China	Guam	Malaysia	Paraguay	Tajikistan
Algeria	China, Hong Kong SAR	Guatemala	Maldives	Peru	Thailand
Angola	China, Macao SAR	Guinea	Mali	Philippines	Timor-Leste
Anguilla	Colombia	Guinea-Bissau	Marshall Islands	Poland	Togo
Argentina	Comoros	Guyana	Mauritania	Portugal	Trinidad and Tobago
Armenia	Congo	Haiti	Mauritius	Qatar	Tunisia
Azerbaijan	Côte d'Ivoire	Honduras	Mexico	Republic of Korea	Turkmenistan
Bangladesh	Democratic People's	India	Micronesia	Republic of Moldova	Tuvalu
Belarus	Republic of Korea	Indonesia	(Federated States of)	Romania	Uganda
Belize	Democratic Republic of	Iran	Mongolia	Russian Federation	Ukraine
Benin	the Congo	(Islamic Republic of)	Montenegro	Rwanda	United Republic of
Bhutan	Djibouti	Iraq	Morocco	Saint Vincent and the	Tanzania
Bolivia	Dominican Republic	Kazakhstan	Mozambique	Grenadines	Uruguay
(Plurinational State of)	Ecuador	Kenya	Myanmar	Sao Tome and Principe	Uzbekistan
Bosnia and Herzegovina	El Salvador	Kiribati	Namibia	Senegal	Vanuatu
Botswana	Equatorial Guinea	Kuwait	Nauru	Serbia	Venezuela (Bolivarian
Brazil	Eritrea	Kyrgyzstan	Nepal	Seychelles	Republic of)
Brunei Darussalam	Estonia	Lao People's	Nicaragua	Sierra Leone	Vietnam
Bulgaria	Ethiopia	Democratic Republic	Niger	Singapore	Yemen
Burkina Faso	Fiji	Latvia	Nigeria	Solomon Islands	Zambia
Burundi	French Polynesia	Lesotho	Northern Mariana	Somalia South Africa	Zimbabwe
Cabo Verde	Gabon	Liberia	Islands	South Sudan	
Cambodia	Gambia	Libya	Pakistan	Sri Lanka	
Cameroon	Georgia	Lithuania	Palau	Sudan	
Central African Republic	Ghana	Madagascar	Panama	Suriname	
Chad	Greenland	Malawi	Papua New Guinea	Swaziland	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of) 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) YES NO

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? YES NO

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? YES NO

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? YES NO

If the answer is YES to any of the above questions, Roger Williams University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.