

PART 5: IMMUNIZATION RECORD: To be filled out and signed by a licensed medical provider (MD, PA, or NP), or by student

RECOMMENDED TUBERCULOSIS SCREENING

1. Has the student ever had a positive TB screening test? Yes No
If yes, mm induration _____
2. Has the student ever had contact with anyone sick with tuberculosis? Yes No
3. Was the student born in or had significant travel in any of the countries listed on the end of this form? (Significant travel is considered a stay for at least 1 week with substantial exposure to the indigenous population) Yes No
4. Has the student ever been vaccinated with BCG? Yes No
(Note: BCG vaccine is not available in the U.S.)
5. Does the student have immunosuppression due to chronic steroid use, HIV, anti-cancer drugs or other causes? Yes No

**If the answer to ALL of the above questions is "No," please skip to RECOMMENDED IMMUNIZATIONS
If the answer to ANY of the above questions is "Yes," further testing is recommended as follows:**

If the answer to question #1 is "yes" and the positive screening test performed was an Interferon Gamma Release Assay (IGRA) test, such as a T-spot or Quantiferon-TB Gold Test, then a CXR is recommended within the past year. (Note: If student has completed treatment for latent TB, please contact the Pepperdine Student Health Center at (310) 506-4316 option #3 for further instruction).

CXR: Abnormal Normal Date obtained ___/___/___

If the answer to question #1 was "yes" and the screening test performed was a PPD OR the answer to any question #2-4 was "yes", the following is recommended:

1. An Interferon Gamma Release Assay (IGRA) such as a T-spot or Quantiferon-TB Gold Test within the past year. If test unavailable, student will be able to obtain on arrival at Pepperdine. Note: If student has completed treatment for latent TB, please contact the Pepperdine Student Health Center at 310-506-4316 option #3 for further instruction.)

IGRA test date ___/___/___ Results: Positive Negative

2. If IGRA test is positive, a CXR is recommended AND an appointment with the Pepperdine Student Health Center medical provider.

CXR: Abnormal Normal Date obtained ___/___/___

RECOMMENDED IMMUNIZATIONS:

Tetanus/diphtheria/pertussis: Booster containing pertussis within past ten years ___/___/___ Type: **Tdap** or only **Td**

Meningitis Vaccine: Primary injection or booster 16-21, OR if over 21 and living on-campus. Date Received ___/___/___

Hepatitis B: Three doses required
1st Dose ___/___/___ **2nd Dose** ___/___/___ **3rd Dose** ___/___/___
or positive titer showing immunity ___/___/___

MMR-Measles, Mumps, Rubella: Two doses required
1st Dose ___/___/___ **2nd Dose** ___/___/___
or positive titer showing immunity ___/___/___

Hepatitis A: Two doses
1st Dose ___/___/___ **2nd Dose** ___/___/___

Varicella: Two doses or history of disease
1st Dose ___/___/___ **2nd Dose** ___/___/___
or Disease ___/___/___

Name of medical provider, if applicable

Phone number of provider

X

Signature of medical provider, if applicable

Date

X

Signature of student

Date

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Seychelles	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Sierra Leone	Yemen
Chad	Indonesia	Mozambique	Singapore	Zambia
China	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	Somalia	
Comoros	Japan	Nauru	South Africa	
Congo	Kazakhstan	Nepal	Spain	