

Name _____ DOB _____

LASELL UNIVERSITY IMMUNIZATION RECORD

This form must be completed and signed by a health care provider

REQUIRED VACCINES

Vaccines	Dates Given	MA State Requirements
Hepatitis B	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer Date ____/____/____	3 doses OR positive titer Minimum of 1 month between doses 1 & 2 Minimum of 4 months between doses 1 & 3
MMR	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date ____/____/____	2 doses OR positive titers 1 st dose must be given after 1 st birthday Minimum of 4 weeks between doses.
Meningococcal	#1 ____/____/____ <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo	One dose within past 5 years for all new Grad students age 21 or younger
Tdap/Td	Tdap ____/____/____ Td ____/____/____	1 Tdap within past 10 years OR 1 Td within past 5 years
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date ____/____/____ History of Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date: ____/____/____	2 doses OR positive titer Minimum of 4 weeks between doses

Tuberculosis Screening

- | | | |
|---|------------------------------|-----------------------------|
| 1. Were you born in one of the countries listed below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you traveled or lived for more than one month in one of the countries listed below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the student been in close contact with someone with tuberculosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the student resided or worked in a prison, homeless shelter, nursing home or hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the student enrolled in either the Athletic Training Program or Sports Science Major? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the student ever had a positive tuberculosis skin or blood test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***YES answer to questions 1 - 5: PPD (Mantoux) skin test is required, even with BCG history.**

Date Planted _____ Date Read (*within 48-72 hours*) _____ Result _____ mm of induration

***Positive tuberculin skin test: Chest X-Ray required:**

Date of positive PPD _____ Date of X-Ray _____ **Result:** ☐ Normal ☐ Abnormal

INH prophylaxis _____ ☐ Initiated (attach report) ☐ Completion Date _____

Countries with High Rates of TB

("High Incidence" areas are defined as areas with reported or estimated incidence of ≥20 cases per 100,000 population)

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

Source: WHO Global Health Observatory, Tuberculosis Incidence 2016

**HEALTHCARE
PROVIDER** _____

PRINT

SIGNATURE

DATE

rev. 2/22/18, RA