IMMUNIZATION RECORD

Required by Ohio law and/or Bowling Green State University. Your signature is required in sections C & D.
Bowling Green State University
College of Musical Arts • Bowling Green, OH 43403-0147

REQUIRED:
Attach a copy of immunization record or fill in dates. Blood work documented immunity is acceptable only when immunization dates are unavailable.

A. M.M.R. (MEASLES, MUMPS, RUBELLA)
(Two doses required at least 28 days apart for students born after 1995)

1. Dose 1 Given at age 12 months or later ______/_____/______
   Mo. Day Yr.

2. Dose 2 given at 28 days after first dose ______/_____/______
   Mo. Day Yr.

B. TETANUS-DIPHTHERIA-PERTUSSIS
Last tetanus-diphtheria booster dose ______/_____/______
   Mo. Day Yr.
Type of Booster
☑ Td ☐ Tdap

C. Complete the MENINGITIS VACCINATION information below by checking the appropriate box.
☐ I have had the bacterial meningitis vaccine

Dose #1 ______/_____/______
   Mo. Day Yr.
☐ Meneeo
☐ Meneuné
☐ Menactra

☐ I have had the meningococcal meningitis vaccine

Dose #2 ______/_____/______
   Mo. Day Yr.

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine and have decided to decline vaccination at this time.

STUDENT SIGNATURE ___________________________ DATE _____________

SIGNATURE OF PARENT OR LEGAL GUARDIAN ___________________________ DATE _____________
If student is under 18 years of age.

D. Complete the HEPATITIS B information below by checking the appropriate box.
☐ Hepatitis B vaccine
☐ Combined Hepatitis A & B vaccine.

#1 ______/_____/______  #2 ______/_____/______  #3 ______/_____/______
   Mo. Day Yr.  Mo. Day Yr.  Mo. Day Yr.

☐ I have read, or have had explained to me, the information regarding Hepatitis B. I understand the risks of not receiving the vaccine and have decided to decline vaccination at this time.

STUDENT SIGNATURE ___________________________ DATE _____________

SIGNATURE OF PARENT OR LEGAL GUARDIAN ___________________________ DATE _____________
If student is under 18 years of age.

RECOMMENDED:

E. POLIO
Completed primary series of polio immunizations:
   Mo.  Day  Yr.

F. HEPATITIS A #1 ______/_____/______  #2 ______/_____/______
   Mo.  Day  Yr.  Mo.  Day  Yr.

G. CHICKENPOX (Varicella) VACCINE
   #1 ______/_____/______  #2 ______/_____/______
   Mo.  Day  Yr.  Mo.  Day  Yr.

History of Disease: Date ______/_____/______
   Mo.  Day  Yr.

H. HUMAN PAPILLOMAVIRUS (HPV) VACCINE
(Three doses of vaccine for female or male college students 11-26 years of age at 0, 1/2 and 6-month intervals.)
   #1 ______/_____/______  #2 ______/_____/______  #3 ______/_____/______
   Mo.  Day  Yr.  Mo.  Day  Yr.  Mo.  Day  Yr.
☐ Bivalent (Cervarix)  ☐ Quadrivalent (Gardasil)

I. TB SCREENING

1. Does the student have signs or symptoms of active TB?
☐ Yes ☐ No

☐ Has the student traveled to or lived in a high risk area (Africa, Asia, Eastern Europe, or Central or South America):
☐ Yes ☐ No
If no, proceed to question 2.
If yes, proceed with additional evaluation to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the student a member of a high-risk group? 
☐ Yes ☐ No
If no, STOP. No further evaluation is needed at this time.
If yes, administer tuberculin skin test (Mantoux) or IGRA. A history of BCG vaccination should not preclude testing of a member of a high-risk group. If there is a history of a past positive PPD, proceed to question 4.

3. Tuberculin Test Results (required within 1 year of enrollment if indicated by steps 1 and 2).
   IGRA: ☐ Positive ☐ Negative Date ______/_____/______
   Mo.  Day  Yr.

   PPD (skin test): ☐ Positive ☐ Negative Date ______/_____/______
   Mo.  Day  Yr.

4. Chest x-ray (required within 6 months of enrollment if tuberculin test is positive).
   Result: ☐ Normal ☐ Abnormal Date of x-ray ______/_____/______

1 Categories of high-risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries except those on the following list: Albania, America Samoa, Andorra, Antigua and Barbuda, Australia, Austria, Barbados, Belgium, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Cook Islands, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Libyan Arab Jamahiriya, Luxembourg, Malta, Monaco, Montserrat, Netherlands, Netherlands Antilles, New Zealand, Norway, Puerto Rico, Saint Kitts and Nevis, St. Lucia, Samoa, San Marino, Slovakia, Slovenia, Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States Virgin Islands, United States of America. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal bypass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. Prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.