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						
DPT/TD	___/___/___	___/___/___	___/___/___	___/___/___	Date of Td booster within 10 years ___/___/___ **or**	Tdap booster within 10 years ___/___/___
MMR *2 doses required	___/___/___	___/___/___	___/___/___	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 (MCV4)	___/___/___	___/___/___				

THE FOLLOWING VACCINES ARE STRONGLY RECOMMENDED BUT NOT REQUIRED.

HPV Vaccine	___/___/___	___/___/___	___/___/___

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

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.*